SPRING/ Sierra Leone Social and Behavior Change Communication Strategy

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ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

RECOMMENDED CITATION

SPRING. 2017. *SPRING/HKI Sierra Leone Social and Behavior Change Strategy*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

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COVER PHOTO: SPRING/Sierra Leone

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Acknowledgments

This social and behavior change communication strategy was developed by SPRING/Sierra Leone in close collaboration with Helen Keller International.

We would like to acknowledge the Helen Keller International team who supported the development of this strategy: Dr. Mary Hodges, Hamid Turay, Henry Allieu, Monroe Elizabeth Lacerte, Umu Jalloh, and Grace Efua Ntore.

This document was authored by Andrew Cunningham, Kristina Granger, Philip Moses, and Hamid Turay.

Acronyms and Abbreviations

AVCA Adapted value chain analysis

CRS Catholic Relief Services

EAINP Entrepreneurial Agriculture for Improved Nutrition Program

EBF Exclusive breastfeeding

MIYCN Maternal Infant and Young Child Nutrition

NGO Nongovernmental organization

PHU Peripheral Health Units

PLW pregnant and lactating women

SBC Social and Behavior Change

SBCC Social and Behavior Change Communication

SLMS Sierra Leone Micronutrient Survey

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

TA Technical Assistance

TIPs Trials of Improved Practices

USAID United States Agency for International Development

WASH water, sanitation, and hygiene

6MlyCP Six-monthly contact point

Introduction

The purpose of this social and behavior change Communication (SBCC) strategy is to support the Entrepreneurial Agriculture for Improved Nutrition Program (EAINP) in Sierra Leone funded by USAID’s Bureau of Food Security under Feed the Future (FtF). This is an internal document for use by members of the EAINP consortium. As part of our mandate for collaboration, learning and adaptation, SPRING has developed this strategy document to make available to the consortium lessons learned and tools developed as a result of SPRING/SL’s testing of SBCC approaches and materials for improving dietary diversity through maternal infant and young child nutrition (MIYCN) practices and nutrition-sensitive agriculture practices. This is a living document for consortium members to use as they design and implement behavior change activities. The strategy should be reviewed and updated yearly by consortium members to ensure that consortium members continue to coordinate and learn from each other’s’ behavior change activities.

As part of a learning agenda in Tonkolili District, Sierra Leone, SPRING is investigating how to: 1) improve feeding practices of children aged 6–23 months and pregnant women and 2) increase household access to nutrient-rich foods for year-round diverse diets. The strategic objective is to improve collaboration, learning, and adaptation related to social and behavior change (SBC) approaches for maternal, infant, and young child nutrition (MIYCN), and nutrition-sensitive agricultural practices, ultimately contributing to improving dietary diversity among households with a pregnant woman or a child under the age of two years (‘1000 day’ households).[[1]](#footnote-2)

Towards this end, SPRING adjusted traditional formative research tools common to both agriculture and health. Health programs commonly use formative research tools, such as barrier analysis and trials of improved practices to identify barriers and enablers to the adoption of improved household-level nutrition practices. SPRING adapted these tools to include nutrition-sensitive agriculture and hygiene practices (such as clean play spaces and handwashing) to identify factors related to the accessibility of targeted foods and to reducing environmental enteropathy. Traditional agriculture extension advisory services often use an agricultural value chain assessment to identify constraints to increasing yields and income for actors along the value chain of a specific agricultural product or crop that could be utilized to improve nutritional status of 1000 day households. SPRING adjusted a commonly used value chain assessment tool to also identify constraints and opportunities to improving the supply and quality of vitamin A-rich and animal-source foods (deficient in the diet of the target population), and to adopting agriculture practices that reduce impacts on time, energy, and income control of pregnant or lactating women.

In addition to the behaviors examined through formative research, the SPRING team evaluated existing social and behavior change communication (SBCC) materials and added other key behavior messages to ensure that the materials reflect the latest evidence base regarding MIYCN and water, sanitation, and hygiene (WASH).

A SBCC strategy is the bridge between the situation analysis and the actual implementation of the SBCC program and guides the creation and rollout of materials, products, and activities. This strategy is intended to serve as a roadmap to guide SPRING and partner activities by providing direction and ensuring that the different products, materials, and activities all ultimately work well together and support each other toward a clear vision for change. The purpose of this SBCC strategy is to identify key household MIYCN behaviors and key nutrition-sensitive agriculture practices that should be prioritized to further the above-mentioned strategic objective. SPRING and partners can then use the SBCC strategy to develop SBCC materials and media, to identify key channels/methods for transmitting priority behavioral messages, and to identify non-communication activities – such as improvements in markets – to make it easier for households to adopt the key behaviors.

This strategy, including corresponding priority behaviors and recommendations, is based on the objectives of the SPRING/Sierra Leone and Feed the Future Entrepreneurial Agriculture for Improved Nutrition (EAIN) projects and serves as a working document that will adapt to on-the-ground realities and respond to donor and national priorities as they evolve. The goal of EAIN is to improve the agricultural and food security situation of Sierra Leone’s population by sustainably reducing rural poverty and improving nutrition through the integration of agriculture and nutrition interventions (EAIN FY 2017 Work Plan). It aims to achieve this through two intermediate results (IR) – IR 1: Increased incomes led by strategic value chain investments, and IR 2: Improved nutritional status, especially among women and children.

Background

SPRING/Sierra Leone’s goal is to contribute to improving dietary diversity among households with pregnant and lactating women and children under the age of two years in the SPRING target areas. SPRING has built on its work in 2016 and 2017 by collaborating with Catholic Relief Services (CRS) to enhance nutrition-sensitive agriculture within the EAINP and supported Helen Keller International (HKI) to carry out key nutrition activities in the initial phase of the program. SPRING also provided technical assistance to EAINP partners and USAID Sierra Leone involving nutrition-sensitive agriculture concepts, best practices, and use of monitoring and evaluation systems.

SPRING’s work followed two objectives focused on SBCC and nutrition-sensitive agriculture:

**Objective 1: Approaches tested and supported for promoting the uptake of nutrition-related household practices**

Activity 1.1: Development of targeted EAINP SBCC strategy and material development

Activity 1.2: Provide support to local partners to roll out and implement high-quality behavior change activities undertaken by the consortium for improved diet and hygiene.

Activity 1.3: Collaborate with implementing partners to document the evidence base on SBCC for MIYCN, WASH, and nutrition-sensitive agriculture.

**Objective 2: Approaches tested and supported for increasing access to and quality of nutrition-sensitive agricultural services**

Activity 2.1: Increase capacity of EAINP consortium members and key target groups in nutrition-sensitive agriculture

Activity 2.2: Support EAINP consortium members to promote nutrition-sensitive agriculture behavior change

The activities will be completed prior to July 2017. Following the closeout of SPRING activities, HKI will continue to play an active role with EAINP, funded as part of the consortium led by CRS.

**Support to the EAIN program.** In addition to direct activities implemented through the SPRING/HKI partnership, SPRING will collaborate with EAIN to enhance nutrition-sensitive agriculture within the EAIN consortium. SPRING will support HKI to lead nutrition activities in the initial phase of the program. Following the closeout of SPRING activities in July, 2017, HKI will continue to play an active role with EAIN, funded as part of the consortium led by CRS. SPRING will provide technical assistance to EAIN partners involving nutrition-sensitive agriculture concepts, best practices, and use of monitoring and evaluation systems. SPRING has developed this targeted EAIN SBCC strategy to guide SBCC activities going forward. The strategy presents options for material development, and considers a range of communication channels, from “traditional” community meetings to interactive radio broadcasts, targeting both community members and value chain actors.

Methodology

**Barrier Analysis Surveys:** A Barrier Analysis Survey of Doers and Non-Doers was undertaken aimed to investigate and identify behavioral determinants associated with the consumption of fish and pumpkin using the CORE Group’s *Barrier Analysis Facilitator's Guide.*[[2]](#footnote-3) In addition, SPRING/HKI aimed to capture current issues, including cultural practices, associated with year-round access to and utilization of these two nutrient-rich foods in order to improve dietary diversity of the first 1000 days among households in select communities. The survey was conducted in 15 communities across three chiefdoms in Tonkolili District, Sierra Leone. The survey questionnaires were designed to identify differences between Doers and Non-Doers on a set of key behavioral determinants[[3]](#footnote-4) of the consumption of fish and pumpkin by pregnant women and children aged 6 to 23 months.

**Trials of Improved Practices (TIPs):** Trials of Improved Practices (TIPs) is a qualitative research methodology used to select improved water, sanitation, and hygiene (WASH) and nutrition behaviors in consultation with household members. The TIPs approach provides an opportunity to pretest behaviors at the household level before they are widely promoted. By focusing on behavior – what people do, rather than what they know or believe, TIPs provide an in-depth understanding of families' preferences and capabilities, as well as the barriers and enablers encountered in trying new behaviors. The first step in the TIPs methodology was to create and prioritize a menu of evidence-based behavioral options on handwashing with soap at critical times; clean home and play environments, including safe disposal of feces; and appropriate complementary feeding of children aged 6–23 months.

**Adapted Value Chain Analysis (AVCA):**  Adapted Value Chain Analyses for fish (the most widely consumed animal protein) and pumpkin (a minor crop with high vitamin A content) were conducted using semi-structured interviews. The study adapted tools and resources from the USAID Microlinks Value Chain Development Wiki,[[4]](#footnote-5) and focused on nutrition-sensitive agriculture areas of the value chain. Findings were the basis for subsequent activities including development and adaptation of training materials to make agricultural services more nutrition-sensitive. Based on this work, USAID Sierra Leone and the EAIN partners recognized the usefulness of undertaking a similar study to identify nutrition-sensitive agriculture practices for the project’s initial target value chain commodities, especially for rice, maize (for animal feed), groundnuts, and three horticultural crops: chili, okra, and pumpkin/squash. The EAIN partners had previously conducted a value chain analyses before the implementation started, which informed the selection of these commodities as a focus for promoting economic growth and improved nutrition.

In February 2017, SPRING conducted a follow-up study, focusing on EAIN’s six targeted value chains, to identify potential entry points for nutrition within EAIN’s planned interventions. We used rapid appraisal techniques adapted from the value chain approach to identify a range of potential market-based solutions that could help partners ensure that their agricultural outcomes and interventions are explicitly contributing to nutrition.

The study objectives were to—

* + Apply a nutrition lens to EAIN to determine how each activity-promoted value chain might
    1. improve the diets of mothers and children,
    2. reduce the health and nutrition risks for mothers and children, and
    3. generate or improve women’s control over income.
  + Analyze constraints faced by value chain actors in pursuing nutrition-sensitive agriculture.
  + With EAIN stakeholders, recommend and vet potential market-based solutions or interventions to promote nutrition-sensitive agriculture.
  + Prioritize these nutrition-sensitive agriculture solutions for potential inclusion in EAIN work plans.

**Review of existing materials:** As part of the broader effort to support approaches for promoting the uptake of nutrition-related household practices, we also conducted a review of the key content in local and regional training manuals and SBCC materials on MIYCN, WASH, maternal and child health, and of agricultural extension materials that address nutrition-sensitive agriculture practices. The purpose of the review was to identify key nutrition-sensitive and nutrition-specific practices that are not addressed or not addressed adequately by health, WASH, or agricultural extension materials that are currently in-use by or currently available to nutrition and agriculture partners in Sierra Leone. From this, SPRING can work with partners to prioritize gaps identified within the materials and, as needed, develop additional materials focusing on elements of the EAIN programming that are not well covered, or facilitate trainings to ensure that existing materials are properly used. Appendix 1 provides a matrix of the reviewed SBCC materials and associated key messages that can be used as a reference for all EAIN partners.

SBCC Strategic Plan

Behavioral Analysis

SPRING prioritized key MIYCN practices that currently are not being promoted by partners in Tonkolili with a special emphasis on household practices that aim to improve dietary diversity (and thus, link up to nutrition-sensitive agriculture practices having to do with pumpkin and fish) as well as key WASH behaviors intended to reduce environmental enteropathy among children 0–23 months old (referred to as WASH 1000 or BabyWASH). SPRING/Sierra Leone selected pumpkin and fish because they met four criteria for the project: a) each food addressed a known nutrient gap in the existing diet of children 6–23 months old and pregnant mothers; b) each food was widely used in households in Tonkolili District; c) the extent to which each of these foods were being consumed by the target population with households was not known; and d) the SPRING/Sierra Leone team could reasonably expect to complete formative research and develop SBCC materials for each of these foods within the life of the project with the resources available. SPRING/Sierra Leone decided also to include BabyWASH behaviors because the Sierra Leone Micronutrient Survey (SLMS) of 2013[[5]](#footnote-6) found high levels of recent diarrhea and inflammation in children aged 6–59 months, as well as poor household-level sanitation conditions. The SLMS report concluded that “The association between household sanitation and diarrhea, and sanitation and infection have been identified elsewhere and may contribute to the high diarrhea and anemia prevalence found by the SLMS.”[[6]](#footnote-7) The report recommended acting to improve hygiene conditions for children aged 6–59 months. In addition, few existing projects in West Africa have addressed environmental enteropathy (thought to be a major contributor to stunting in children under five years old). The table below lists each of these priority practices with the corresponding method of formative research used to help further define the practice as well as the related enablers and barriers.

The AVCA was used to help uncover the potential entry points for nutrition in the previously defined Feed the Future Sierra Leone value chains prioritized by EAIN. Building on the four points in the agriculture-to-nutrition pathways determined to be most relevant to the objectives of EAIN’s IR1, the study identified the following key intermediate nutrition-sensitive agriculture outcomes:

1. Increased time and energy savings for women
2. Increased income control by women
3. Improved environmental and food safety
4. Improved availability, affordability or desirability of diverse, nutrient foods in local markets

To prioritize practices, the team met with stakeholders and partners to better understand how their existing planned program activities fell within the broad categories of behaviors prioritized in the AVCA. The intention is that the nutrition-sensitive agriculture practices will continue to be further refined and adapted to best fit the context and activities of each EAIN partner.

Priority Practices

**MIYCN and hygiene**. Through the process outlined above, SPRING has prioritized the following key MIYCN and hygiene practices categorized in Table 1. The prioritization of certain behaviors reflects a strategic analysis of the complementary efforts of partners and other stakeholders working in the region and the intention of focusing SPRING and EAIN activities, complementing ongoing external programs and not duplicating efforts. This prioritization takes in account the multiple actors working in the region on similar nutrition and nutrition –sensitive agriculture-related behaviors and is an attempt at reducing redundancies and focusing efforts to stimulate lasting and effective change. This prioritization in no way suggests that SPRING and EAIN partners will not be involved in activities related to other behaviors, simply that we will focus efforts around the priority practices as strategically aligned with our program activities, organizational advantage and to complement other organizational efforts.

Table 1. Priority MIYCN and Hygiene Practices

| MIYCN and Hygiene Practices | Formative Research |
| --- | --- |
| Mothers and caregivers of children 6–23 months old feed them at least one age-appropriate serving of vitamin A-rich foods (such as pumpkin) each day year-round | BA / TIPs |
| Pregnant and lactating women consume at least one serving of vitamin A-rich foods daily year-round | BA |
| Mothers and caregivers of children 6–23 months old feed them at least one age-appropriate serving of animal-source foods (such as fish) each day year-round | BA |
| Pregnant and lactating mothers consume at least one serving of animal-source foods each day year-round | BA |
| Mothers and caregivers keep small children on a clean mat to keep them away from feces and other contaminants | TIPs |
| Members of households with a child under 23 months old regularly sweep feces on the ground and dispose of it immediately in latrine/pit/ or bury it far from house to keep the child from having contact with feces and other contaminants | TIPs |
| Members of households with a child under 23 months old keep child in a separate play pen to keep her from coming in contact with animals and animal feces. | TIPs |
| Members of households with a child under 23 months old construct handwashing stations (tippy tap or cula) within two meters of the latrine and the kitchen; maintain and use at five critical moments. | TIPs |
| Members of households with a child under 23 months old make soap into liquid and keep it in a small bottle next to tippy tap for handwashing | TIPs |
| Mothers and caregivers of children 0–23 months old use a cloth napkin or diaper to contain feces of child, pouring dirty water in the latrine or burying it | TIPs |
| Mothers and caregivers of children 6–23 months old teach their child to use a poo (potty) and then empty the contents into the latrine or bury it | TIPs |
| Mothers and caregivers of children 6–23 months old ensure that any water that children consume is treated | No research |

Nutrition-sensitive Agriculture Practices[[7]](#footnote-8)

SPRING presented our findings and potential solutions with EAIN stakeholders in one-on-one meetings and in a vetting workshop held with EAIN managers and the leadership. In addition to sharing the findings from the team’s analysis, the workshop was an opportunity to identify additional potential solutions that build on market-led approaches already planned within EAIN. During the workshop, the EAIN partners came to agreement on five proposed priority market-based solutions:

1. Gender- equitable access to water for off- season production of NRVCCs
2. Training and access to appropriate technology for on-farm production
3. Training and access to appropriate technology for post-harvest handling and processing
4. Availability and promotion of NRVCCs to consumers
5. Gender- equitable access and linkages to larger, higher- value buyers

Table X below lists – for each solution, illustrative nutrition-sensitive actions and anticipated nutrition-sensitive outcomes.

Table 2. Actions and Nutrition-Sensitive Agriculture Outcomes for EAIN Value Chains

| **SOLUTION** | **IMPLEMENTING PARTNER** | **ACTIONS** | **NUTRITION-SENSITIVE AGRICULTURE OUTCOMES** |
| --- | --- | --- | --- |
| (1) Gender- equitable access to water for off- season production of NRVCCs | Fresh Salone | Improved water saving or diverting technologies for off-season production; supporting actions include assistance with securing business loans to adopt technology:   * drip irrigation water systems * water collection/pump system * mulching | 1. Adoption of improved technologies  Less time and energy requirements for women who traditionally collect water from water points and irrigates the crops  **Improved caregiving resources (time, energy).** 2. Adoption of improved technologies  Increased yields  More income for women who traditionally cultivate groundnuts and horticulture  **Increased household income controlled by women.** 3. Adoption of improved technologies  Increased yields  More produce available year round in local markets  **Improved access to diverse foods by households.** |
| (2) Training and access to appropriate technology for on-farm production | WARC | 1. No-till cultivation reducing land preparation tasks 2. Safe use of herbicides (and other chemicals) and environmental safety | 1. Adoption of no-till cultivation  Less time and energy requirements for men and women who perform or contribute to these tasks  **Improved caregiving resources (time, energy) in the household** 2. (a) Safe use of herbicides  **Reduced risk of toxin contamination**   (b) Safe use of herbicides  Less time and energy requirements for women who traditionally perform weeding  **Improved caregiving resources (time, energy).** |
| (3) Training and access to appropriate technology for post-harvest handling and processing | Fresh Salone | 1. Environmental safety, hygiene, aflatoxin mitigation (groundnuts) 2. Sorting and grading for local and distant markets (i.e., grades A and B) | 1. Safe use and handling practices  **Reduced risk of toxin contamination and/or disease burden** 2. Adoption of sorting and grading practices  Increased marketing of safe B grade produce in local markets    Improved availability and affordability of safe, nutritious foods in local markets  **Improved access to diverse foods by households.** |

| **SOLUTION** | **IMPLEMENTING PARTNER** | **ACTIONS** | **NUTRITION-SENSITIVE AGRICULTURE OUTCOMES** |
| --- | --- | --- | --- |
|  | WARC | iii. Mechanical threshing, milling (rice), shelling (maize) | iii. Adoption of labor-saving technology   Less time and energy requirements on women who traditionally perform or contribute to these tasks  **Improved caregiving resources (time, energy).** |
|  | ACDI/VOCA | iv. Value-added and quality processing (e.g., dried okra, groundnut paste, pumpkin-gari, dried chili) | 1. (a) Value addition in commodities  Increased income-generating opportunities for women  **Increased household income controlled by women.**    1. Processing of NRVCCs to shelf- stable food products  Increased year-round availability of nutritious foods in local markets  **Improved access to diverse foods by households.**    2. Safe and hygienic processing of commodities  Increased availability of safe, nutritious food products  **Reduced disease burden.**    3. Processing of NRVCCs to shelf- stable, semi-processed food products    Easier, convenient preparation for home consumption  Reduced time demands on caregivers  **Increased demand and consumption of nutritious food products.** |
| (4) Availability and promotion of NRVCCs to consumers | HKI/SPRING | Communications to increase consumption of NRVCCs (through radio programs and other communication channels) | Promotion of NRVCCs  Improved NRVCC appeal/demand in local markets and/or desirability among consumers. |
| (5) Gender- equitable access and linkages to larger, higher- value buyers | ACDI/VOCA | i. Direct procurement from women smallholders | i. (a) Direct market linkages  Direct payments to women  **Increased household income controlled by women.**  (b) Direct market linkages  Increased volumes and improved quality of produce; embedded transport costs  Increased revenue and revenue streams through stable markets  Improved year-round cash flow and cash management for households  **Increased year-round expenditures on diverse nutritious** |

| **SOLUTION** | **IMPLEMENTING PARTNER** | **ACTIONS** | **NUTRITION-SENSITIVE AGRICULTURE OUTCOMES** |
| --- | --- | --- | --- |
|  |  | 1. Buyers and processors connect/commit to new suppliers (e.g., Project Peanut Butter, Sierra Mix, Pikin Mix) 2. Gender-sensitive business and marketing management (e.g., women’s group marketing coupled to micro-financial services that allow control over women’s income, increased involvement of women in business and marketing management opportunities) | **foods and health services.**   1. Linkages with NRVCC food processors  **Increased availability in local markets of nutritious convenience foods suitable for complementary feeding.** 2. (a) Group marketing by women  Direct payments to women deposited through the women’s group  **Increased household income controlled by women.**   (b) Increased involvement of women in business and marketing management  Improved communication between men and women at farm and HH level  **Increased household income controlled by women.** |

At the time of the vetting workshop[[8]](#footnote-9), partners had not yet completed their implementation plans. So to create a strategy that would respond to the specifics of each partner’s program, SPRING and HKI conducted a second workshop in July 2017 with field staff from multiple EAIN partner organizations in Tonkolili District. At this workshop, participants identified nutrition-sensitive agriculture practices that their organization could promote in the context of their implementation activities. As each of these partners focuses on different activities within the five proposed priority market-based solutions, their prioritized follow-up actions varied, as noted below.

* ACDI/VOCA field staff prioritized the following actions: (1) Value-added and quality processing; (2) Strengthening community agro-dealer network for quality inputs and entrepreneurship; and (3) Promoting gender equity and marketing.
* FreshSalone field staff prioritized the following actions: (1) Good agronomic practices (farming calendar, site selection, land preparation, seed selection, nursery management, planting time, mulching, field hygiene); (2) Drip irrigation for fertilizer application and water management; (3) Crop protection – pest and disease management (IPM); (4) Financial education; and (5) Postharvest management (No burning of crop residue, no dumping of vegetables, sorting, grading and cleaning).
* WARC field staff meanwhile prioritized: (1) Capacity-building, empowerment, Farmer group formation, and group strengthening (Teamwork, Gender integration, Conflict resolution, Self-reliance); (2) Good Agronomic Practices, seed germination test; and (3) Postharvest technologies – threshing, milling, shelling.

Table 3. Prioritized nutrition-sensitive actions and behavior statements by implementing partner

| **POTENTIAL ENTRY POINTS FROM STUDY** | **PRIORITIZED ACTIONS FROM DAY 2 DISCUSSIONS** | **BEHAVIOR STATEMENTS** | **POTENTIAL NUTRITION-SENSITIVE OUTCOMES** |
| --- | --- | --- | --- |
| **ACDI/VOCA** | | | |
| * Value added and quality processing * Gender-equitable marketing * Community agro-dealers\* * Policy advocacy\* | 1. Value-added and quality processing 2. Community agro-dealers (CAD) for quality inputs and entrepreneurship 3. Gender equity and marketing | * FBOs identify credible buyers such as Fresh to You, Project Peanut Butter, Sierra Mix, to sell to throughout the year * FBOs do proper sorting and standardization of crops (e.g., vegetables, pumpkin, groundnuts) immediately after harvest * Men and women always come together to access loans from community banks and FSAs * Community Agro-Dealers (CAD) enterprises provide quality agricultural inputs (e.g., fertilizer, vegetable seeds) at affordable prices to FBOs year round * CADs access loans to buy quality inputs year round * FBOs access loans to buy improved seeds/inputs to increase production for marketing | * Increased household income for women * Increased availability in local markets of nutritious food * Improved access to diverse nutritious foods by households * Increased supply and demand for consumption of nutritious food products |

| **POTENTIAL ENTRY POINTS FROM STUDY** | **PRIORITIZED ACTIONS FROM DAY 2 DISCUSSIONS** | **BEHAVIOR STATEMENTS** | **POTENTIAL NUTRITION-SENSITIVE OUTCOMES** |
| --- | --- | --- | --- |
| **FRESH SALONE** | | | |
| * Water technologies * Environmental safety and hygiene * Sorting and grading | 1. Good agronomic practices (farming calendar, site selection, land preparation, seed selection, nursery management, planting time, mulching, field hygiene) 2. Drip irrigation for fertilizer application and fertigation (?) 3. Crop protection – pest and disease management (IPM) 4. Financial education 5. Postharvest management (No burning of crop residue, no dumping of vegetables, sorting, grading and cleaning) | * Tamaraneh FA at Masugbory through the farming calendar help them to produce pumpkin, squash, French beans throughout the year (Jan – Dec) * Matombo women’s farmer use savings to buy drip irrigation materials which will help produce crops throughout the year * Matombo FA avoid open defecation on the farm, streams or wells used for watering to prevent diseases * Matombo women’s farmers association use profit to buy other nutritious foods (e.g., meat, fish, eggs) they are not producing * Masugbory FA after harvest handle pumpkin, squash, French beans to prevent wastage, spoilage and maintain the nutritional value * Tamaraneh FA at Masugbory harvest their crops when the nutritional value of the crop is at maximum peak | * Access to diverse food and income * Time and energy * Reduced toxin contamination * Reduced disease burden * Safety |

|  |  |  |  |
| --- | --- | --- | --- |
| **POTENTIAL ENTRY POINTS FROM STUDY** | **PRIORITIZED ACTIONS FROM DAY 2 DISCUSSIONS** | **BEHAVIOR STATEMENTS** | **POTENTIAL NUTRITION-SENSITIVE OUTCOMES** |
| **WARC** | | | |
| * No-till for maize * Safe use of chemicals * Mechanical threshing, milling, shelling * Good Agronomic Practices such as seed germination test, no burning, and proper spacing\* * Gender integration, team work, conflict resolution, self-reliance, business orientation\* | 1. Capacity-building, empowerment, Group formation, group strengthening –    * Teamwork    * Gender integration    * Conflict resolution    * Self-reliance 2. Good Agronomic Practices, seed germination test\*\* 3. Postharvest technologies – threshing, milling, shelling\*\* | * Men and women share work through communal labor during farming activities * Men support women in brushing, plowing, land clearing and weeding, always * Farmers actively participate in their farming activities with their own inputs, by the end of the project * Connectors together with village heads resolve conflict among farmers whenever conflict arises * Rice farmers follow community by-laws | * Rice farmer groups income control of women * Rice farmer groups save time and energy for women to take care of themselves and their children |
| \* Added during Day 1 workshop discussions  \*\* Subsequently de-prioritized by the group | | | |

For each behavior statement, partners then identified probable barriers and enablers to adoption based on their knowledge of the populations with which they work. Partners also identified the potential channels through which they plan to promote the adoption of each behavior based on their implementation plan and project design. These are listed by partner in Table XX below.

Table 4. Nutrition-sensitive behavior statements, enablers, barriers and potential communication channels, by implementing partner

|  |  |  |  |
| --- | --- | --- | --- |
| **BEHAVIORS** | **ENABLERS** | **BARRIERS** | **CHANNELS** |
| **ACDI/VOCA** | | | |
| FBOs identify credible buyers such as Fresh to You, Project Peanut Butter, Sierra Mix, to sell to throughout the year | Access to periodic markets; High demand for nutritious crops | Lack of knowledge/information about credible buyers | * Training sessions * Community meetings/engagement |
| FBOs do proper sorting and standardization of crops (e.g., vegetables, pumpkin, groundnuts) immediately after harvest | Practical activity, learning by doing | Timeline, time consuming |
| Men and women always come together to access loans from community banks and FSAs | Unity, togetherness; Banks and MFIs available | Traditional norms/culture; Loan criteria – collateral; High interest rate (30%) from banks |
| Community Agro-Dealers (CAD) enterprises provide quality agricultural inputs (e.g., fertilizer, vegetable seeds) at affordable prices to FBOs year round | Availability of inputs | Resources – high income |
| CADs access loans to buy quality inputs year round | Availability of MFIs and inputs | Loan criteria |
| FBOs access loans to buy improved seeds/inputs to increase production for marketing | <Not filled> | Shortage of improved seeds |

|  |  |  |  |
| --- | --- | --- | --- |
| **BEHAVIORS** | **ENABLERS** | **BARRIERS** | **CHANNELS** |
| **FRESH SALONE** | | | |
| Tamaraneh FA at Masugbory through the farming calendar help them to produce pumpkin, squash, French beans throughout the year (Jan – Dec) | Immediate benefit of increased yield year round | Hard to follow/adoption of farming calendar. Used to seasonal production. Requires education, technique, complex skills, Resources | Training manual |
| Matombo women’s farmer use savings to buy drip irrigation materials which will help produce crops throughout the year | Save time | Finance, costly, expensive | Field demonstration |
| Matombo FA avoid open defecation on the farm, streams or wells used for watering to prevent diseases | Safety | Lack of knowledge and skills | Sensitization using posters |
| Matombo women’s farmers association use profit to buy other nutritious foods (e.g., meat, fish, eggs) they are not producing | Profitable | Record keeping process | Training/monitoring |
| Masugbory FA after harvest handle pumpkin, squash, French beans to prevent wastage, spoilage and maintain the nutritional value | Profitable; Maintain quality of produce | Storage/handling techniques (Dumping, sorting, cleaning, etc.) | Physical and practical demonstration |
| Tamaraneh FA at Masugbory harvest their crops when the nutritional value of the crop is at maximum peak | <Not filled; Behavior statement card was left off from previous exercise> |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BEHAVIORS** | **ENABLERS** | **BARRIERS** | **CHANNELS** |
| **WARC** | | | |
| Men and women share work through communal labor during farming activities | Unity, working together | Negative attitudes of rice farmers | * Focus group discussion through community meeting * Radio program * Training * Phone calls * Facilitation |
| Men support women in brushing, plowing, land clearing and weeding, always | Active participation among farmers | Traditional beliefs among rice farmers |
| Farmers actively participate in their farming activities with their own inputs, by the end of the project | It saves/reserves seeds for next farming/planting season, which increase production | Mismanagement/improper storage of seeds; No facilities |
| Connectors together with village heads resolve conflict among farmers whenever conflict arises | Fits with social norms | Against social norms for some |
| Rice farmers follow community by-laws | Acceptance | Deviants/defaulters |

Target Audiences

SPRING/Sierra Leone is focused on the 1,000-day Window of Opportunity which targets pregnant and lactating women and children under two years of age.[[9]](#footnote-10) However, project activities must focus on multiple audiences including the varied agricultural actors in order to stimulate effective social and behavior change around the priority behaviors outlined above. Pregnant and lactating women with children under two are expected to be the primary target audience for MIYCN practices; however, the nutrition-sensitive agriculture practices will generally target farmers and may have a variety of primary and secondary target audiences.

Audience Profiles

An important component of an SBCC strategy is a thorough understanding and analysis of the target audiences. One widely recommended tool for this analysis is an audience profile. An audience profile is a document that creates a living image of the target audiences that will guide decisions throughout the program. The audience profile tells a story and is representative of key features of the target audiences. The process of thinking through audience profiles is critical to developing activities and related tools that are audience centered. Understanding the target audience helps develop programs and market interventions that truly meet the needs of the program beneficiaries (and not what the project thinks they need), which is essential to influencing their behavior.

SPRING recommends that each partner create audience profiles for their primary and secondary audiences for their individual MIYCN and nutrition-sensitive agriculture activities. Audience profiles are based on formative research and team members’ familiarity with the villages, communities, and target populations in which they are working and should include extensive details regarding characteristics and daily routines of the target population. A template for audience profiles can be found in Appendix 2.

Implementation Strategies

Recommended SBCC Strategic Approaches

SBCC is a behavior-centered process to facilitate individuals, households, groups, and communities in adopting and sustaining evidence-based practices. To achieve this, SBCC involves using the following three strategic approaches in coordination with each other to accomplish the behavioral and social objectives:

* Advocacy informs and motivates leadership to create a supportive environment to achieve program objectives and development goals. This means not just creating awareness but promoting leaders to take specific action.
* Community/social mobilization engages and supports participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward a development objective.
* Behavior change communication/interpersonal communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve, or plan with the objective to promote and sustain behavior change.

It is important to note that this SBCC strategy is intended to build on and strengthen the existing EAIN workplan by providing guidance on focused priority behaviors for MIYCN and nutrition-sensitive agriculture and to harmonize the work of all EAIN partners. As the EAIN workplan evolves, the partners should be able to identify and prioritize new nutrition-sensitive behaviors for various target audiences. The guiding questions in Appendix 3 can be used as a resource to help partners consider how different agriculture practices might impact nutrition and to help identify nutrition-sensitive agriculture practices. For example, if project partners have decided to promote the use of chemical fertilizer to increase yields, they should go through the guiding questions to identify how they can tweak their promoted practice or promote additional practices to be more nutrition-sensitive. In the case of fertilizer, going through the questions might help partners realize that the women would be the ones responsible for applying the fertilizer which would negatively impact their time for child caring duties; the project may also have to promote task shifting among other jobs to alleviate that additional burden on women.

Communication Channels

SPRING has identified media channels that EAIN partners are already using or are planning to work through. The following table should be regularly reviewed, revised, and updated based on the work plan. The current schedule for radio broadcasts can be found in Appendix 4. Also, please see Appendix 7 for examples of position statements on animal-source foods and colorful fruits and vegetables. Position statements are talking points to help radio panelists and others who speak for a program to remain focused on the main points to be communicated to the public. These are also useful for advocacy during meetings with members of the press, government functionaries, elected officials, and other key decision makers

Table 5. Channels and Media for MIYCN, Baby WASH, and Nutrition-sensitive agriculture SBCC Activities

| **Channels/Platform** | **Counseling cards / Print Materials** | **Training Manuals** | **Media** | **Other** |
| --- | --- | --- | --- | --- |
| **FY2016** |  |  |  |  |
| Mother Support Groups / Care Groups | √ (added to flipcharts in use by MSG and PHU staff.) | √ (added to manuals on ENAs/EHAs) |  |  |
| Weekly education sessions and cooking demonstrations at the PHU at the six-month point of contact | √ (added to flipcharts in use by MSG and PHU staff.) | √ (added to manuals on ENAs/EHAs) |  | Calendar of vitamin A-richfoods & Cooking demo guides |
| **FY2017** |  |  |  |  |
| IYCF counseling through IMAM program at health centers and households by CHW and facility health workers | √( added to flipcharts in use by MSG and PHU staff.) | √ |  | Calendar of vitamin A-rich foods & Cooking demo guides |
| SILC group meetings | √ (added to SILC group training materials) | √ (added to SILC group training manual) |  | Calendar of vitamin A-rich foods & Cooking demo guides |
| Leader farmer trainings | √ (added to training materials) | √ (added training manual) |  | Calendar of vitamin A-rich foods & Cooking demo guides |
| Pico-videos; live, interactive radio programs; FAQs; posters; and social media for ENA and EHA (developed in Y1, reprinted and broadcast Y1-3) |  |  | Community video, radio scripts, social media |  |
| Advocacy meetings with traditional leaders on ENA/EHA | Posters |  | Advocacy video | Sermon guides for imams or pastors showing that feeding children properly conforms with religious teachings (with quotes from Qur’an, Sunna, or Bible). |
| Annual Agriculture and Nutrition Fairs / Trade and Seed Fairs |  |  |  | information booths  ACDI/VOCA: information booths and demos from successful women farmers  FS: demos from successful farmers |
| Biannual maternal and child health (Mami en Pikin Welbodi) week events at district level | Posters, take-home flyers  ACDI/VOCA: Posters, take home flyers (for household demand in off-season) |  |  | information booths |
| World breastfeeding week activities | Posters, take-home flyers  ACDI/VOCA: Posters, take home flyers (for household demand in off-season) |  |  | information booths |
| FBO (trainings)  or  WARC Farmer groups | Posters, take-home flyers | FS: Hygiene and division of labor (in training guides)  FS: nutritional value vs. market value (sort + grade)  WARC: Hygiene division of labor (in coaching) | FS: Ag videos (also used in FS trainings) from external resources or filmed in year 1 for use in years 2 and 3 | WARC, FS: Commitment to women farmer quota in farmer groups |
| Fresh Salone Connectors |  | FS: Hygiene and division of labor (in training guides)  FS: nutritional value vs. market value (sort + grade) |  |  |
| FS Demo Plots | FS: Crop-specific info flyers/posters  FS: Reference materials and marketing for farm inputs | FS: Hygiene and division of labor (in training guides)  FS: nutritional value vs. market value (sort + grade) |  |  |
| WARC staff/assistants | FS: Crop-specific info flyers/posters  FS: Reference materials and marketing for farm inputs | WARC: Coaching on hygiene and division of labor regarding weeding |  |  |
| WARC Satellite Farms |  |  |  |  |
| Mamy Queens | ACDI?: Posters, take home flyers (for household demand in off-season) |  |  |  |
| TV Stations | ACDI/VOCA: Posters, take home flyers (for household demand in off-season) |  | FS: Ag videos From external resources or filmed in year 1 for use in years 2 and 3 |  |
| World Food Day event |  |  |  | FS: Information booth/demo (best FBOs will show off crops and marketing of products) |

Recommendations for Moving This Strategy Forward

It is our recommendation that the consortium should name a partner to manage all SBCC resources including those for agriculture, nutrition-sensitive agriculture, and MIYCN. This could be CRS as the lead partner or another partner. The strategy should be revisited at least annually to be updated with all partners. In Appendices 5 and 6 are tools for developing SBCC activities. Appendix 5 includes specific frameworks for the prioritized practices to help guide programming to address identified barriers and enablers to each practice based on formative research. Appendix 6 provides examples of creative briefs developed to guide SBCC activities to promote nutrition-sensitive agriculture practices regarding pumpkin and fish. Partners should also conduct small-scale formative research to uncover barriers and enablers to the uptake of specific nutrition-sensitive agriculture practices.

Monitoring and Evaluation for Behavior Change

Note: The following should be consistent with the final EAIN PMP and ongoing monitoring and evaluation activities for the project.

| **Priority nutrition-sensitive agriculture categories of practices** | **FY2017 IPTT Indicator #  (May 14, 2017)** | **Indicator** |
| --- | --- | --- |
| 1. Adopt improved water saving or diverting technologies for off-season production. Supporting actions include assistance with securing business loans to adopt technology. Technologies include:    * drip irrigation water systems,    * water collection/pump system, or    * mulching. | 9  10 | * Number of farmers and others who have applied improved technologies or management practices with U.S. Government assistance (RAA) (WOG) * Number of hectares of land under improved technologies or management practices with U.S. Government assistance |
| 1. Promote the consumption of NRVCCs | 21 | * Total quantity of targeted nutrient-rich value chain commodities produced by direct beneficiaries with U.S. Government assistance that is set aside for home consumption |
| 1. Promote no-till cultivation reducing land preparation tasks | 9  10 | * Number of farmers and others who have applied improved technologies or management practices with U.S. Government assistance (RAA) (WOG) * Number of hectares of land under improved technologies or management practices with U.S. Government assistance |
| 1. Promote safe use of herbicides (and other chemicals), train producers on environmental safety practices |  |  |
| 1. Promote environmental safety, hygiene, aflatoxin mitigation (groundnuts) |  |  |
| 1. Promote sorting and grading for local and distant markets (i.e., grades A and B) | 5 | * Quantity of products lost in post-harvest storage |
| 1. Promote mechanical threshing, milling (rice), shelling (maize) | 9  10 | * Number of farmers and others who have applied improved technologies or management practices with U.S. Government assistance (RAA) (WOG) * Number of hectares of land under improved technologies or management practices with U.S. Government assistance |
| 1. Promote value-addition and quality processing (e.g., dried okra, groundnut paste, pumpkin-gari, dried chili) | 16 | * Number of Agri-business centers (ABC) and Farmer-based organizations (FBOs), farmer groups engaged in processing |
| 1. Engage buyers and processors to connect/commit to new suppliers (e.g., Project Peanut Butter, Sierra Mix, Pikin Mix) | 13 | * Number of contracts signed between producers and buyers |
| 1. Promote gender-sensitive business and marketing management (e.g., women’s group marketing coupled to micro-financial services that allow control over women’s income, increased involvement of women in business and marketing management opportunities) | 4  7  14  15 | * Number of individuals who have received U.S. Government supported short-term agricultural sector productivity or food security training * Number of agro dealers trained on business skills, proper storage, use and disposal of agro-inputs * # of men and women trained in business skills * Percentage of households in which men and women make joint decision on production (choice of crops, land appropriated to Cash and Food crops) and expenditure (Food and WASH purchases) |

Appendix 1. Review of Existing Regional SBCC Materials on MIYCN, WASH, MCH, and Nutrition-sensitive Agriculture

March 1, 2017

| **Title and publisher of material** | **Topics addressed** | **Key messages or key practices promoted** | **Description of key images** | **Target population** | **Intended user** | **Partners/ organizations that use or have recently used the material.** |
| --- | --- | --- | --- | --- | --- | --- |
| Concern Worldwide | Health seeking behavior | If your child is under five and has bloody diarrhea, more than 3 watery stools, fever or a cough, take him or her to a health center | Mother/caregiver holding her under-five child seated at the health center | Mothers/caregivers of children under five | Health workers | Concern Worldwide |
| Concern Worldwide | WASH | Wash your hands with soap and clean water | A woman and a boy over five years of age washing their hands from a veronica bucket | Mothers/caregivers of children under five | Health workers | Concern Worldwide |
| Concern Worldwide | Diarrhea | Give ORS if your child has diarrhea | Mother preparing ORS with a child on her lap | Mothers/caregivers of children under five | Health workers | Concern Worldwide |
| Concern Worldwide | Water storage | Store your water in a clean container | Woman tightening the lid of a clean container with water in it | Mothers/caregivers of children under five | Health workers | Concern Worldwide |
| Concern Worldwide | Water treatment | Treat drinking water effectively | Woman boiling water on locally made cold pot | Mothers/caregivers of children under five | Health workers | Concern Worldwide |
| IMC/SNAP  (C-MAPs) Counseling Cards For IMC/SNAP program | Men Are Partners (Abridged Modules) | Men giving support to women on MIYCN practices | Cover page: A circle of community members having community meeting with support from a man | Mothers/caregivers/Fathers and community mobilizers | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Module I: Immediate and Exclusive Breastfeeding | Breast milk is best  Role of men as partners in early initiation of breastfeeding | A young infant is placed directly on mother’s skin and attached to the breast within the 1st hours after birth | Mothers/caregivers/Fathers, health worker and a newly born baby | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Program Focused | Introduction to the program | Image shows mother and children | Mothers, fathers and health workers | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Men participating in community meetings of women | Role of men as partners in promoting nutrition education sessions in communities. | Women are meeting in circle learning from a leader who holds a flipchart.  The woman in the front looks like the rest of the other women.  One of the women from the group is visiting her neighbor’s house.  She is explaining the materials to the husband, grandmother and others. | Mothers/caregivers/fathers and community members | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Module II: Complementary Feeding and micronutrients | Role of men as partners in complementary feeding | A man supporting his wife during complementary feeding of a child | Mothers/caregivers/fathers of children under five | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Quantity of food for each feeding at six months | Quantity of food for each feeding at six months. | A diagram of a woman spoon-feeding her baby in her hands | Mothers/caregivers/fathers of children under five | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Module 3: Essential Hygiene Actions | Role of men as partners in hygiene promotion:  men as champions in promoting hygiene practices; men to discourage families from the practice of open defecation; men to encourage community members in promoting handwashing before feeding the child; hygiene promotion to be championed by men | A father giving support to a mother in feeding the baby; an image of a mother controlling a child defecating in a child’s stool; a mother emptying the stool in a toilet; and a mother washing hands and supporting the baby in washing its hands under the tippy tap | Mothers/caregivers/fathers of children under five | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  |  | A good latrine | Who is responsible for building a latrine for the house, what is needed and when to start | Mothers/caregivers/fathers of children under five | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
|  | Module 4: Family Planning | Men are partners in family planning. All men should have an informed knowledge about family planning methods/contraceptives. Child spacing to be of importance for all men. Men to cater for children daily bread. [Men must provide for the daily needs of their children] The health condition of both children and mother to be of importance to all men | Images of a disorganized, unhappy and unhealthy family  Image of a well-planned family of four living happily; and an area of the card showing two children (a boy and girl) sitting a long bench eating. | Mothers/caregivers/fathers of children under five | Health workers, MSGs, MAPs, and IPs | IMC/SNAP and SILPA |
| SNAP/MoHS  C-MIYCN (Counseling Cards for Sierra Leone) | MIYCN | MIYCN – National Counseling Cards for community workers | NA | Mothers/caregivers/fathers of children under five | Health workers, MSGs, UNICEF IPs | MoHS-DFN |
|  | Maternal nutrition | Card 1a: Counseling during pregnancy  Card 1b: Counseling during lactation | A pregnant woman and a lactating mother with her baby sitting on mats and eating food respectively; a counselor counseling a husband and his pregnant wife | Mothers/fathers and in-laws/family relatives | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS-DFN, IMC-SNAP, HKI |
|  | Early initiation and exclusive breastfeeding (0–6 months) | Card 2a: Importance of early initiation of breastfeeding | A health worker giving counseling to a husband and pregnant woman; a nurse trying to put a newborn baby to the breast of the mother | Mothers/fathers and in-laws/family relatives | MoHS/DHMT; nutrition partners, health workers and MSGS | MoHS-DFN & DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | Card 3a: EBF in the first six months  Card 3b: EBF during the first six months | Mother breastfeeding a baby; a breastfeeding mother refusing cup feeding from an old woman; a mother breastfeeding in bed | Mothers/fathers and in-laws/family relatives and children U2 | MoHS/DHMT; nutrition partners, health workers and MSGS | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | Card 4a: Breastfeeding on demand both day & night  Card 4b: Dangers of mixed feeding during the first 6 months | Breastfeeding mother breastfeeding her baby four times in the morning, four times in the afternoon and four times in the evening/at night. (Photos of the sun symbolizing morning, afternoon and night/evening)  A breastfeeding mother plus a cup, bowl and bottle feeding equals to a malnourished child | Mothers/fathers and in-laws/family relatives and children under two years | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | Card 5a: Breastfeeding positions  Card 5b: Good attachment | Six photos of mothers demonstrating the different positions of breastfeeding; and two photos illustrating how to best attach a suckling baby to the breast | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels, / UNICEF, IMC-SNAP and other nutrition partners |
|  |  | Card 6: Breastfeeding a low-birthweight (small) babies | Three photos: Two illustrating better ways of breastfeeding a low birthweight child; and one showing a mother using a kangaroo method | Mothers/ caregivers and children under five years old | MoHS/DHMT; Nutrition Partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | Card 7a: How to hand express breastmilk and cup feed.  Card 7b: Breastfeeding and working mothers  Card 7c: Feeding a sick baby less than six months of age  Card 7d: Feeding a sick baby more than six months of age  Card 7e: Good hygiene practices | 7a: A father holding a baby and a mother massaging the breast for milk expression; a mother expressing milk from one of her breasts into a cup; a cup with a lid placed on a table in an open bowl of water; a caregiver cup-feeding a baby; a father cup-feeding the baby  7b: A working mother: breastfeeding a baby; a mother expressing breastmilk into a cup; a caretaker cup-feeding the baby; a mother with a hoe heading to a farm; the mother on the farm breastfeeding the baby. 7c: Three pictures: (1) baby refusing the breast; (2) mother taking her time; (3) the baby’s acceptance of the breast. Below the three photos are smaller photos illustrating the number of times the baby should be breastfed. 7d: Four photos: (1) a mother breastfeeding a baby; (2) a mother cup-feeding her baby; (3) a mother spoon-feeding her baby with a bowl in her hand; (4) a child refusing the mother’s breast 7e: Shows handwashing from a flowing mug into a bowl with each arrow coming from the toilet, cleaning a baby’s bottom, feeding a baby and preparation of food. This is an indication that the hands should be washed after each of these activities | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IIMC-SNAP and other Nutrition Partners |
|  | Complementary feeding (0–24 months) | C8a: Start complementary feeding at six months  C 8b: Complementary feeding during six months | 8a: Shows a mother sitting on a mat and spoon-feeding a child. Three other photos on the sides: (1) a mother breastfeeding; (2) handwashing from a flowing water source; (3) the number of times the baby should be given complementary food during the day and at night followed by the right consistency. 8b: a photo of a mother breastfeeding her baby at the center and varieties of food from seven food groups | Mothers/fathers and in-laws/family relatives and children under two years old. | MoHS/DHMT; nutrition partners, health workers and MSG | MoHS/DHMT at PHU and community levels/UNICEF, IMC- SNAP and other Nutrition Partners |
|  |  | C.9: Complementary feeding from six to nine months | Shows a mother sitting on a mat and spoon-feeding a child. Three other photos on the sides: (1) a mother breastfeeding; (2) handwashing from a flowing water source; (3) the number and kind of foods the baby should be fed during the day and at night followed by the right consistency. Underneath the photo of the mother are boxes of the food groups | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | C.10: Complementary feeding from 9–12 months | Shows a mother and a child sitting on a mat and the mother supporting the child to eat from a bowl of complementary food. Three other photos on the sides: (1) a mother breastfeeding: (2 hand-washing from a flowing water source; (3) the number and kind of foods at five intervals the baby should be fed during the day and at night followed by the right consistency. Underneath the photo of the mother are boxes of the food groups | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | C.11: Complementary feeding at 12–24 months | Shows a mother and a child sitting on a mat and the mother guiding the child to eat vegetables and snacks. The child is helping him/herself from a separate bowl and the mother is also having a plate of her own food, demonstrating to the child with food in her hand attempting to put it in her mouth. Three other photos on the sides: (1) a mother breastfeeding; (2) handwashing from a flowing water source; (3) the number and kind of foods at five intervals the baby should be fed during the day and at night followed by the right consistency. Underneath the photo of the mother are boxes of the food groups | Mothers/ care givers and children under five years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | C.12a: Food variety  C.12b: Community Garden | 12a: Shows a photo of a mother breastfeeding her baby at the center and varieties of food from seven food groups. 12b Shows a garden in a compound, a mother bowing in a garden with a fruit in her hand and a child with a fruit. By the side of the garden is a hand washing facility (tippy tap) | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  | Health seeking behaviors | C.13b: VAS  C.13c: Deworming at health facilities at 12 months of age and every six months after  C.13d: Danger signs that need special health care | 13b: (1) Shows a health worker standing at the front of a health facility; (2) shows a hand squeezing a Vitamin A capsule in the mouth of a child; (below) shows the types of capsules (red and blue) to be given to the child at 12 and 6 months of age respectively.  13c: (1) Shows a health worker standing at the front of a health facility, (2) shows a health worker administering deworming syrup in a cup to a baby in her hand. 13d: Shows different conditions of sick children (malnourished, feverish, overfed/ breastfed child, convulsion, diarrhea, vomiting and when a child refuses to breastfeed) with arrows directing to a health facility | Mothers/fathers and in-laws/family relatives and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | C.13a: Regular growth monitoring & promotion | Shows three images: (1) a healthworker and/or mother with a child health card on her lap taking the MUAC of a sitting child in the lap of his mother; (2) shows testing for pitting edema; (3) thumbs have been lifted off after the edema test | Mothers/fathers and in-laws/family relatives, community and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  | Module 5: Essential Hygiene Practices | C.14a: Handwashing using flowing water and soap  C14b: Steps of hand washing  C.14c: Transmission of diarrhea  C.14d: Managing diarrhea | 14a: Three images: (1) a constructed toilet with an arrow pointing at a tap of flowing water; (2) handwashing; (3) and a woman washing her hands using a lever tippy tap 14b: Shows eight images of handwashing steps 14c: Shows four images: (1) a child sitting in an unpleasant environment with flies over his hands and feeding cup; (2) a child defecating in a stream and a woman fetching water from the same stream; (3) a child defecating in a poo; (4) a sitting child feeding from a cup with a grapefruit in his/her left hand 14d: Shows how to manage diarrhea. It has four images of which the first two are a mother breastfeeding a child plus some fruits. the other set of two are a mother/health worker administering a cup of ORS and or zinc solution to the child; and lastly a mother preparing an ORS and Zinc solution | Mothers/fathers and in-laws/family relatives, community and children under two years old | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition Partners |
|  |  | C.15a: Improved sanitation facilities  C.15b: Safe disposal of feces  C.15c: Water storage and treatment  C15d: Improved water sources | 15a: Shows images of a better rural toilet facilities with a hanging tippy tap outside the toilet constructed about 20 meters away from the water well, incinerator and house, respectively 15b: Shows five images: (1) a mother controlling a child defecating in a stool, (2) a mother emptying the poo in a toilet, (3) a mother using a broom/brush and water to clean the poo; (4) a mother emptying the water from the poo into the toilet; (5) a mother with her baby washing their hands under the tippy tap 15c: Shows two images of traditional water storage (of huge clay pots at a front of a house, and an improved water well purified. 15d: Shows six images: two images at the center are illustrating water fetched by two people from three improved sources, namely: water well, hand pump, a flowing tap and the last image is a house to where the two people are taking the fetched water to for family use. | Mothers/fathers, children under five years old and in-laws/family relatives, community | MoHS/DHMT; nutrition partners, health workers and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other Nutrition partners |
|  | Module 6: Birth spacing | C.16: Birth spacing methods | Photos showing a happy family of four (father, mother, a boy and a newborn child in the arms of the father. It also shows nine different birth spacing methods/devices. | Mothers/Fathers, health workers, Teenagers, and in-laws/family relatives, community | MoHS/DHMT; nutrition partners, Health workers, families and community members; and MSGs | MoHS/DHMT at PHU and community levels/UNICEF, IMC-SNAP and other nutrition partners |

Appendix 2. Example for Audience Profile from SPRING/Bangladesh

Lactating Woman: Fatema N.

**Summary:** Fatema is 23 years old and a SPRING program participant. She has two children, one is three years and the other one is four months old. Recently she started to give food to her four-month-old baby because she thinks her baby likes foods better than breastmilk. Fatema is also beginning to think that her baby does not get enough breastmilk from her and requires additional food.

She is a housewife and has completed primary education. She lives in Narail district under Khulna division. Her husband is a farmer and they live with her husband’s parents.

**Daily routine:** Fatema does all the household activities including cooking, washing, caring for the children, and gardening. She is busy all day long; her mother-in-law helps her sometimes on rearing poultry, or taking care of her grandchild.

**Lifestyle:** She works hard to maintain all of the household chores so that her in-laws and her husband are pleased. She also works hard for the betterment of her two children. Fatema gets very little time to have her meals and only eats after her husband and father-in-law have done so.

**Personal characteristics:** Fatema is religious, soft spoken, a good cook and home keeper. She does not go far from her home regularly, but she likes to chat with neighbors in her leisure time in the afternoons. During this free time, she and her friends talk mainly about their children and family. Some of her peers have advised her to start complementary feeding her child at around four months old.

**Aspirations:** She desires her children to be healthy, strong, and well educated and strives to raise her children with these priorities in mind.

**Worries:** One of Fatema’s biggest worries is that her infant will be unhealthy and get sick if not fed enough food. Sometimes she feels sick and weak and it is hard to care for her children but she ignores it most of the time.

**Determinants of behavior:**

* She started complementary feeding her four-month-old child as she thinks the baby does not get enough breastmilk.
* Her in-laws started to give snacks like chips and chocolate to her child when she cries. Fatema does not stop this practice because she does not want to go against her in-laws and depends on their help and support to take care of her child. This may be why her baby is less interested in breastfeeding since starting this food.

**Media habits:** The family does not have a television. Her father-in-law has a radio but she does not listen to it. She does not go far outside her home except to her parents’ house occasionally and does not seek out any kind of local drama or community entertainment.

Appendix 3. Guiding Questions for Considering How Agriculture Practices Might Impact Nutrition: Sierra Leone

Category 1: Women’s Roles

* Who is primarily responsible for carrying out/using the targeted agriculture practice(s)?
* If women are involved, does the practice pose additional **time** demands on women?
* If so, what practice(s) or technologies might assist in reducing this time burden, especially for pregnant and lactating women?
* Do key influencers (e.g. husbands and mothers-in-law) understand and support the need to promote adequate time for breastfeeding, child care, rest, and self-care by women of reproductive age?
* If women are involved, does the practice pose significant **heavy labor** burden on women?
* If so, what practice(s) or technologies might assist in reducing this heavy labor burden, especially for pregnant and lactating women?
* Do key influencers (e.g. husbands and mothers-in-law) understand and support the need to mitigate heavy labor expenditure for pregnant and lactating women?
* Is there an opportunity to promote social protection or insurance to assist target participants, especially women?

Category 2: Production of Diverse Nutrient Rich Foods[[10]](#footnote-11)

* Is the promoted product (e.g., vegetable, fruit, staple crop, livestock, poultry, fish, etc.) **nutrient rich**?
* If so, is some portion of the total production being retained for household consumption?
* How frequently will the crop or food product be available for consumption?
* What can be done to increase the demand for nutritious foods?
* Is there a way to extend the time period available for consumption and/or sale of the product?
* Is there a way to maintain the nutrient quality of the product over a longer period of time (e.g. through storage, value addition, technologies such as solar refrigerators)?
* How are decisions made at the household, farmer group, or ABC-level about what to grow and what to sell?

Category 3: Use of Income for Food, Health, Care

* Are the agricultural products being grown/promoted contributing to **household income**?
* Are there opportunities to provide training on farm management, household budgeting and expenditures, etc. to help farming households consider the following?
* If so, is household income increased through the sale of the promoted product(s)?
* Is household income increased over a longer period (increased number of months with adequate cash to meet food, health and care needs)?
* Is the household preparing for periods when there is less food?
* Is the household preparing for periods when there is less income?
* Does the household maintain a budget that includes cash needs for both livelihood and food, health and care needs?
* Is the household aware of and able to spend their income on more, diverse foods? On health care? On WASH services and products?
* How are decisions made at the household level about what to grow and what to sell?
* Are there supporting services (e.g., financial, sector-specific or cross-cutting services) that the farmer can access to improve their agricultural production? If so, does the farmer know about these services?

Category 4: Food and Environmental Safety – Do No Harm

* Do any of the agricultural practices being promoted involve **use of chemicals** (e.g., chemical fertilizers, herbicides or pesticides) or non-chemical fertilizers such as compost?
* If so, are pregnant or lactating women exposed to these? What risks may this pose?
* If so, what risks might these pose to household members?
* If so, what risks might these pose to sustainable production (e.g., soil health)?
* If so, what risks might these pose to water resources?
* If so, what risks might these pose to food quality and safety?
* What might be done to mitigate this (these) risks?
* What conditions are necessary to improve or maintain food quality at harvest, in storage, and in households? How can these conditions be achieved?

Criteria for Prioritizing Practices

* **Is this a nutrition-sensitive agriculture practice?** – The practice falls under the above criteria.
* **Potential impact on problem** – This practice will contribute towards nutrition-sensitive outcomes (e.g., availability and access to diverse nutritious food, income for investment in food, care, health/WASH, mitigating excessive demands on women’s time or energy, etc.).
* **Feasibility** – The practices are feasible for target groups to adopt and to maintain over time given current context and resources.
* **Appropriateness** – Is this practice appropriate for the crop you’d like to promote?
* **Major barrier** – Are there majorcultural, physical or financial barriers to overcome?
* **Access/Market supply** – Is there access to needed resources (e.g., inputs, credit, training) to adopt and sustain behaviors?
* **Program match** – The practice will have a substantial impact on meeting project/program objectives. There is enough time for the program to effectively promote the practice.
* **Stakeholder/Organizational match** – The stakeholder/organization has the right mandate as well as human and financial resources to promote the practice.

Appendix 4. HKI Radio Schedule

Nutrition Radio Program Schedule for SPRING, February to June 2017.

| **Program** | **Date** | **Radio Station** | **Topic** | **Panelists** |
| --- | --- | --- | --- | --- |
| SPRING | Monday 20th to 23rd February | Radio Baft | Colorful fruits and vegetables | MAFFS, Master Farmer, DHMT Nutrition & Advocacy- HKI |
| SPRING | Thursday 16th March | Radio Gbonko-lenken Tonkolili | Good hygiene practices | DHMT HKI\_MAFFS |
| SPRING | Tuesday 21st March | Radio SLBC Tonkolili | Vitamin A-rich fruit and vegetables | MAFFS, Master Farmer, DHMT Nutrition HKI. |
| SPRING | Tuesday 28th March | Radio Baft | Exclusive breastfeeding | DHMT Nutrition HKI |
| SPRING | Thursday 31st March | Radio Gbonko-lenken Tonkolili | Recommended dietary diversification | MAFFS DHMT Nutrition HKI |
| SPRING | Tuesday 18th April | Radio SLBC Tonkolili | Best practices about pumpkin | MAFFS DHMT, CRS, Nutrition& Advocacy- HKI |
| SPRING | Wednesday 26th April | Radio Baft | Pest and disease control | MAFFS DHMT Nutrition HKI |
| SPRING | Thursday 27th April | Radio Gbonko-lenken Tonkolili | The importance of pumpkin | MAFFS DHMT Nutrition HKI |
| SPRING | Friday 28th April | Radio SLBC Tonkolili | The availability of pumpkin and when to start giving your child pumpkin | MAFFS DHMT Nutrition HKI |
| SPRING | Tuesday 9th May | Radio Gbonko-lenken Tonkolili | When and how to prepare fish for your child | MAFFS, PACE, DHMT Nutrition & Advocay-HKI |
| SPRING | Thursday 18th May | Radio Gbonko-lenken Tonkolili | Cultural beliefs on eating fish | DHMT HKI\_MAFFS |
| SPRING | Thursday 25th and Friday 26th May | Radio Baft | The importance of exclusive breastfeeding | DHMT, PACE, HKI |
| SPRING | Tuesday 6th June | Radio Gbonko-lenken Tonkolili | Functions of vitamin A in the body | DHMT HKI\_MAFFS |
| SPRING | Tuesday 13th and Wednesday 14th June | Radio Baft Tonkolili | Inadequate infant feeding for the first two years of life | DHMT HKI\_MAFFS |
| SPRING | Tuesday 27th June | Radio SLBC Tonkolili | The importance of colostrum to the baby | DHMT, Nutrition and Advocacy- HKI |
| SPRING | Wednesday 28th June | Radio Gbonko-Lenken | How to store fish for safe keeping | MAFFS DHMT Nutrition and Advocay- HKI. |
| SPRING | Thursday 29th June | Radio Baft Tonkolili | Animal-source food | MAFFS DHMT Nutrition HKI. |

Appendix 5. SBCC Frameworks for Priority Practices

5.1. Pregnant and Lactating Women and Children 6–23 Months Old Consume Vitamin A-rich Foods Year-round.

| **Mothers and caregivers of children 6–23 months old feed them at least one age-appropriate serving of vitamin A-rich foods each day year-round** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Mothers and caregivers of children 6–23 months old feed them pumpkin, mango, dark green leaves, papaya, or orange-fleshed sweet potato each day year-round |
| Priority group | Mothers and caregivers of children 6–23 months old |
| Influencers | Mothers-in-law, grandparents, husbands |
| Messages | 1. Feed your 6–23-month-old child vitamin-A rich food (such as pumpkin, papaya, mango, orange-fleshed sweet potato, and dark green leaves) every day to make her or him grow well and be happy. 2. Feed your 6–23-month-old child vitamin-A rich food (such as pumpkin, papaya, mango, orange-fleshed sweet potato, and dark green leaves) every day. They are always in season and worth looking for! 3. Promote growing of pumpkin at household level. 4. Consider promoting foods in pairs with the message, “If your child doesn’t like one vitamin A-rich food (such as pumpkin, papaya, mango, orange-fleshed sweet potato, and dark green leaves), try another.” 5. When you harvest, don’t sell all your pumpkin! Save some for your child aged 6–23 months to make them happy and grow strong!   Less popular   * Feed your 6–23-month-old child vitamin-A rich food (such as pumpkin) every day to protect him or her from malnutrition. * Mom, dad, and baby all love to eat pumpkin! * It is a Godly thing to feed your child vitamin-A rich foods.   Other   * Include husbands, fathers/mothers-in-law in counseling sessions. Target them for other activities. * Include in materials (e.g., counseling cards, videos, radio spots) images/stories showing pregnant women eating pumpkin and having healthy pregnancies and deliveries. * Include counseling on good eating habits during ANC visits. * Promote growing of pumpkin at home or in village in the off-season. * Exercises in managing food purchases and allocating money to more nutritious foods like pumpkin. * Use a food calendar during clinic talks, counseling sessions and home visits. * Create a calendar noting time of year in which each specific vitamin-A rich food is plentiful and cheap (e.g., mangos in May, pumpkins in XX, sweet potato leaves in XX, Papaya, etc.) * Create simple recipes including vitamin-A rich foods according to the calendar. * Include pumpkin in cooking demonstrations at the community level to encourage mothers to try ways of preparing pumpkin for them and their families. * Target traditional leaders with counseling and SBCC materials to increase awareness of importance of pumpkin and its benefits for pregnant women. * Incorporate traditional and religious leaders into activities such as food demonstrations at the community level. * Include pumpkin and other colorful fruits and vegetables in counseling cards and posters to encouraged increased consumption by pregnant women. * Ensure household level visits with key influential members (Husband, mother-in-law, etc.) are included. Prioritize dialogue counseling and negotiation over do-able actions. |
| Barriers | Perceived negative consequences: Non-Doers were 4.7 times more likely than Doers to list “Rashes/scratches the body or skin” as a disadvantage to eating pumpkin. (Pumpkin can be mildly allergenic in a small number of cases.)  Access: Non-Doers were 3.1 times more likely to say that it is sometimes hard for them to obtain pumpkin during the off-season. |
| Enablers | Perceived positive consequences: Doers are 8.5 times more likely than Non-Doers to list advantages of feeding their child pumpkin (e.g., eating pumpkin makes my child clever/happy/fine bodied/ fat/free from hunger/vital/happy after eating).  Perceived action efficacy: Doers are 2.7 times more likely than Non-Doers to believe giving their child pumpkin to eat regularly will prevent the child from becoming malnourished  Perceived divine will: Doers were 3.6 times more likely than Non-Doers to say that giving their child pumpkin to eat regularly is good in the sight of God.  Parents’ taste: If parents like pumpkin they are more likely to serve it to their children. Doers were 7.6 times more likely than Non-Doers to say that they themselves like pumpkin. |
| Non-communication Activities | Train farmers and traders on good storage practices for pumpkin through ABCs and SBCC material dissemination.  Encourage traders to sell affordable pumpkin so pregnant women can purchase.  Promote growing of vitamin-A rich foods at the household or village level – especially during the off-season.  Improve the value chain for vitamin-A rich foods to enhance quality, availability, and affordability at the village level year-round. [See Adapted Value Chain Analysis of Pumpkin for more detail]  Investigate which of the more common vitamin A-rich foods are known to cause allergies. Identify an alternative vitamin-A rich food that is also plentiful during the same season as the allergenic one. Consider promoting foods in pairs with the message, “If your child doesn’t like one vitamin A-rich food, try another.” |
| Comments | Will need to develop a lesson plan or brief training guide for the use of each material developed.  Consult with UNICEF on the possibility of incorporating some of these messages into their IYCF take-home materials, currently being developed. |

| **Pregnant and lactating women consume at least one serving of vitamin A-rich foods daily year-round** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Pregnant and lactating women (PLW) consume at least one serving of pumpkin, mango, dark green leaves, papaya, or orange-fleshed sweet potato each day year-round. |
| Priority group | Pregnant and lactating women |
| Influencers | Health workers: Doers were 8.5 times more likely than Non-Doers to share that health workers and nurses approved of pumpkin consumption while pregnant.  Mothers-in-law, mother of pregnant and lactating women, husbands |
| Messages | 1. “You can eat pumpkin year-round, and it will make you and your future baby grow strong and healthy when you eat pumpkin while pregnant.” 2. “Health workers recommend that you eat at least one serving of vitamin A-rich foods (pumpkin, dark green leaves, orange flesh sweet potato, and papaya) every day while you are pregnant or lactating.” 3. “Your husband and mother-in-law will approve of you eating pumpkin while pregnant since it will help your child grow well! [E.g., community video with husband saying that he thinks it’s a good idea for his pregnant wife to eat pumpkin and he will go grow/buy it for her and their future baby.] 4. “It is important to eat pumpkin often while you are pregnant and lactating to help you and your baby grow strong! You can buy a small piece or share a pumpkin with a neighbor!”   **Less popular:**   * Mother, mother-in-law and husband: You should encourage your daughter or wife to eat pumpkin while pregnant. * Feed your 6–23-month-old child vitamin-A rich food (such as pumpkin) every day to protect her or him from malnutrition. * Eat at least one serving of vitamin-A rich food (such as pumpkin) every day. They are always in season! * Mom, dad, and baby all love to eat pumpkin!   Other:   * Create a calendar noting time of year in which each specific vitamin-A rich food is plentiful and cheap (e.g., mangos in May, pumpkins in XX, sweet potato leaves in XX, papaya, etc.). * WorldFish has created a seasonal calendar based on availability in five communities in Tonkolili that we can pull from, HKI team believes this might appropriate for nurses at PHUs. It might be confusing to mothers in MSGs as many cannot read. * Create simple recipes including vitamin-A rich foods according to the calendar. |
| Barriers | Access  Most Non-Doers reported pumpkin was not always available in their village or was unavailable unless they travelled to the lumas at Magburaka or Matatoka (p<0.005).  Non-Doers were 3.7 times more likely than Doers to answer it is “very difficult” to get enough pumpkin for them to eat it every month, identifying “limited availability/seasonal access” as the major restriction (p<0.005). In addition, Non-Doers were more likely to purchase whole pumpkins at a time (possibly limiting the frequency of purchase) while many Doers reported purchasing small pieces/slices of pumpkin at a time.  The pregnant women respondents identified storage problems corresponding to those indicated by mothers/caregivers of children aged 6–23 months, including lack of storage facility and issues of rats. Approximately half of both Doers and Non-Doers believed pumpkin is hard to store.  The most common storage techniques reported included:   * dry under the sun, * dry and keep on the floor/under the bed/in my room/somewhere cool, * put into a plastic bag and then store in cupboard/nylon bag/in sack and cover, and * Cover it/keep covered in bowl.   Within the same village, a large number of respondents answered storing pumpkins is not too difficult, indicating a gap in knowledge sharing |
| Enablers | Doers were 3.2 times more likely than Non-Doers to list the good taste/good feeling of pumpkin as an advantage.  A third of Doers stated that they did not purchase pumpkin, but rather relied on growing their own pumpkin, which no Non-Doers reported. |
| Non-communication Activities | Promote growing of vitamin-A rich foods (e.g., pumpkins) at the household or village level, especially during the off-season.  Improve the value chain for vitamin-A rich foods (pumpkins) to enhance quality, availability, and affordability at the village level year-round. |
| Comments | Will need to develop a lesson plan or brief training guide for the use of each material developed.  Consult with UNICEF on the possibility of incorporating some of these messages into their IYCF take-home materials, currently being developed. |

5.2. Pregnant and Lactating Women and Children 6–23 Months Old Consume Animal-source Foods Year-round.

| **Mothers and caregivers of children 6–23 months old feed them at least one age-appropriate serving of animal-source foods each day year-round** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Mothers and caregivers of children 6–23 months old feed them at least one age-appropriate serving of fish, chicken, goat, sheep, egg, milk, or another animal-source food each day year-round |
| Priority Group | Mothers and caregivers of children 6–23 months old |
| Influencers | Mothers-in-law, grandparents, husbands, health workers |
| Messages | 1. « Feed your 6–23-month old child animal-source food (such as fish) every day to make her or him grow strong and be happy. » 2. « Feed your 6–23-month-old child animal-source food (such as fish) every day. It is so important and worth the money to keep your child healthy and growing strong. 3. “It is good to give your children fish to make them strong and healthy.” [E.g., community video with mother saying that feeding the child fish is a good idea and that is why she goes fishing]. 4. “Share with your husband and mother-in-law that it is important to give fish to your children aged 6–23 months as it will help them grow strong and healthy.“ [E.g., community video with husband saying that feeding the child fish is a good idea and he will go catch/buy it for the baby.]   **Less popular:**   * Include in materials (e.g., counseling cards, videos, radio spots) images and stories showing children happily eating pap with fish; well-fed children playing nicely; happy mothers who have more time and energy now that children are less fussy or demanding; healthy children eating fish. * Message: Improved hygiene and safe food handling can reduce risk of illness for children and other members of the household. You can keep your family safe by following EHA in food preparation and storage. * Promote fishing by members of the household. * Feed your 6–23-month-old child animal-source food (such as fish) every day to protect her from malnutrition. * Feed your 6–23-month-old child animal-source foods (such as fish). They are always in season! * How to identify good quality fish and other animal-source foods. * Messages: Your husband and mother-in-law will approve if you give your child fish. [E.g., community video with husband saying that feeding the child fish is a good idea and he will go catch/buy it for the baby.]   **Other:**   * Educate mothers through Mother Support Groups and other platforms; pico video: have a mother walk through the steps and important food safety practices to pound fish and then store, then use in pap for baby. * Educate mothers through Mother Support Groups on EHA and safe food handling preparing food for their families. * Create exercises in managing food purchases and allocating money to more nutritious foods like fish. * Include in materials (e.g., counseling cards, videos, radio spots) images and stories showing children happily eating proper complementary foods; well-fed children playing nicely; healthy children eating complementary foods. * Create simple recipes including animal-source foods according to the calendar. * Incorporate traditional and religious leaders into activities such as food demonstrations at the community level, Mother and Father Support Groups (MSG and MAPs), and six-month contact points at clinics to demonstrate their support of proper complementary feeding for children aged 6–23 months. * Include varieties of fish in cooking demonstrations to encourage mothers to try fish species and preparations they do not already like or know. * Target traditional leaders with counseling and SBCC materials to increase awareness of importance of fish and its benefits for small children. * Include husbands, fathers/mothers-in-law in counseling sessions. Target them for other activities. * Ensure household level visits with key decision makers (husband, mother-in-law, etc.) are included. As much as possible, prioritize dialogue and counseling over simply telling. * Include hands-on food demonstrations as part of activities for Father Support Groups (MAPs). |
| Barriers | Access   * Non-Doers were more than 20 times more likely than Doers to say that “money problems” made it difficult for them to feed fish to their children. * Doers were 8.1 times more likely than Non-Doers to report that good quality fish was always available. * The poor quality of (smoked, frozen/thawed) fish was vocalized, with both Doers and Non-Doers listing worms as the most common disadvantage. |
| Enablers | Doers were 4.8 times more likely to include health benefits as an advantage of fish consumption for their children than Non-Doers, using terms like: “child grows strong /smart/at faster rate/good baby/fit/healthy/active/grows well/fresh/good looking/weight.” Doers were also 3.9 times more likely to vocalize an advantage of fish to “prevent sickness anemia/diarrhea/malnourishment” than Non-Doers. Just over a third of Non-Doers believe fish is critical to preventing malnourishment. |
| Non-communication activities | Improve the value chain for fish to enhance quality, availability, and affordability at the village level year-round. (See Adapted Value Chain Analysis of Fish for more details.)  Encourage traders to sell affordable, good quality fish so mothers can purchase for their children.  Increase participation in Mother Support Groups, at six-month contact points at PHUs, etc. to educate mothers on proper feeding for young children and build support systems at the community level.  Promote six-month contact point at clinics with food demonstration as platform to educate mothers on proper complementary feeding.  Develop market for preservers and traders to produce fish powder close to source and sell at village level  Promote fishing cooperatives so mothers share responsibility of fishing to lessen daily burden.  Target fishermen, traders, transporters, etc. for SBCC campaign to improve EHA, processing, and storage of fish to improve quality of fish available at the village level. |
| Comments | Will need to develop a lesson plan or brief training guide for the use of each material developed.  Consult with UNICEF on the possibility of incorporating some of these messages into their IYCF take-home materials, currently being developed. |

| **Pregnant and lactating mothers consume at least one serving of animal-source foods each day year-round** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Pregnant and lactating mothers consume at least one age-appropriate serving of fish, chicken, goat, sheep, egg, milk, or another animal-source food each day year-round |
| Priority group | Pregnant and lactating women. |
| Influencers | Mothers-in-law, grandparents, husbands, health workers |
| Messages | 1. For a healthy baby, prevent anemia while you are pregnant. Eat at least one large serving of animal-source food (such as fish) every day. (Include an image showing the amount of fish that the mother should consume.) 2. While you are pregnant, eat at least one large serving of animal-source food (such as fish) every day. It is worth the cost to keep you and your future baby strong and healthy. 3. Messages: Share with your husband and mother-in-law how important it is to eat a full serving of animal-source food every day to keep you and your future baby healthy. [E.g. community video with husband saying that he thinks it’s a good idea for his pregnant wife to eat fish and he will go catch or buy it for her and their future baby.]   [CREATE A GRAPHIC AND VERBAL MESSAGE COMMUNICATING THE AMOUNT OF FISH THAT A PREGNANT/LACTATING WOMAN SHOULD CONSUME DAILY]  How to identify good quality fish and other animal-source foods.  Create a calendar noting time of year in which each specific animal-source food is plentiful and cheap (e.g., maritime fish, fresh-water fish, eggs, etc.).  Create simple recipes including the appropriate quantities of animal-source foods according to the calendar.  Video showing husbands fishing and preparing fish for their pregnant wives.  Include in materials (e.g., counseling cards, videos, radio spots) images and stories showing pregnant women eating fish and having healthy pregnancies and deliveries.  Educate mothers at ANC and through other platforms on EHA and safe food handling during food preparation. .  Promote fishing by members of the household.  Exercises in managing food purchases and allocating money to more nutritious foods like fish.  Include in materials (e.g., counseling cards, videos, radio spots) images and stories showing pregnant women eating fish and having healthy pregnancies and deliveries.  Include counseling on good eating habits during ANC visits.  Include varieties of fish in cooking demonstrations at the community level to encourage mothers to try fish species and preparations they do not already like or know.  Target traditional leaders with counseling and SBCC materials to increase awareness of importance of fish and its benefits for pregnant women and lactating mothers.  Incorporate traditional and religious leaders into activities such as food demonstrations at the community level.  Include husbands, fathers/mothers-in-law in counseling sessions. Target them for other activities. |
| Barriers | **Access:**   * A major determinant of fish consumption was perceived access with 24 percent of Non-Doers responding it is “Very difficult” to get enough fish to eat every day, and no Doers providing this response. * Pregnant women reported year-round, daily access to and consumption of fish, though in very limited amount. Fish is often used more as a condiment to a sauce so even mothers who consume fish daily may not be consuming enough fish. |
| Enablers | Among pregnant women surveyed, all reported year-round access to and daily consumption of fish, though in limited amount, all understood the importance and health benefits of consuming fish. Moreover, all women responded they did not know anyone who disapproves of them eating fish. Over 90 percent of both Doers and Non-Doers also responded “yes” when asked if eating fish every day while pregnant is good in the sight of God.  All respondents except one Doer (who responded “don’t know”) believed anemia to be a “very bad/severe” problem, while the majority of both Doers and Non-Doers believed fish consumption prevents anemia (p=0.573).  Doers and Non-Doers both tended to believe that eating fish while pregnant prevents anemia. However Doers were 7.5 times more likely than Non-Doers to say that eating fish while pregnant “gives blood.”  Doers were 12.9 times more likely to respond that anemia would affect the development of their baby. |
| Non-communication activities | Improve the value chain for fish to enhance quality, availability, and affordability at the village level year-round. (See Adapted Value Chain Analysis of Fish for more details.)  Promote fishing cooperatives so mothers share responsibility of fishing and lessen daily burden.  Target fishermen, processors/smokers, traders, transporters, etc. for SBCC campaign to improve EHA, processing, and storage of fish to improve quality of fish available at the village level.  Encourage traders to sell affordable, good quality fish, so pregnant women can purchase. |
| Comments | Will need to develop a lesson plan or brief training guide for the use of each material developed.  Consult with UNICEF on the possibility of incorporating some of these messages into their IYCF take-home materials, currently being developed. |

5.3. Priority Hygiene Practices (WASH 1000)

5.3.1. Clean play spaces to keep children away from feces

5.3.1.1. Use of a play mat

| **Mothers and caregivers keep small children on a clean mat to keep them away from feces and other contaminants** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Place baby on a clean mat to play and rest. (Lapa) |
| Priority group | Mothers and caregivers of small children (Need to determine ideal age-range for a play mat) |
| Influencers | Husband, mother-in-law |
| Messages | 1. Message: Spreading out a clean mat or lapa in a clean space for your child to play on will keep your child away from feces and other dangerous objects and keep him or her healthy. Preventing sickness is less costly than the time and money for treatment and clinic visits. 2. Message: You can create a safe play area for your child by spreading out a mat or lapa in a clean and secured space. You can keep your young child entertained on a mat or lapa with stimulating toys or a sibling to play with. 3. Encourage mothers and others to use lappas as mats for their children 4. Messages: Share with your husband and mother-in-law how important it is to allow your child to play and move around in a clean play space and how using a mat or lapa can keep your child healthy. [E.g. community video with husband saying that child playing on mat is good for safety.]   Include in materials (e.g., counseling cards, videos, radio spots) images and stories showing healthy children at various stages of development: infants aged 0–8 months happily learning to roll over, sit up, and crawl on a mat or lapa with stimulating items around them; children aged 8-24 months sitting on mat or lapa happily playing with toys or with a sibling playing a game.  Work with MCGs and other platforms to share exercises in stimulating child in a limited play area to reduce movement and free mother or sibling to supervise while completing other responsibilities.  Include husbands, fathers/mothers-in-law in counseling sessions. Target them for other activities. |
| Barriers | A child that is crawling won’t stay on a mat.  No one in TIPs trial would try keeping their child in a playpen or closed area.  Lapas and mats can be costly. |
| Enablers | Some evidence that husband and father-in-law approve of using play mat  Perception that using a lapa helps to keep child away from feces and prevents illness |
| Non-communication activities | Promote purchase of mat or lapa for child’s play area through MCGs and other platforms.  Encourage traders to sell affordable lapas and mats. |
| Comments | **NB**. We need input from SPRING/GHANA to better understand how they are promoting the use of mats. During TIPs only one household tried using a mat. With good results. |

5.3.1.2. Regularly clean feces from area where child plays.

| **Members of households with a child under 0–23 months old regularly collect feces on the ground and dispose of it immediately in a latrine or pit or bury it far from house to keep the child from having contact with feces and other contaminants** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Collect feces on the ground and dispose of it immediately in latrine or pit or bury it far from house |
| Priority group | Mothers, grandmothers, and older siblings of children 0–23 months old |
| Influencers | Husbands, mothers-in-law |
| Messages | 1. Messages: Feces are dangerous to your child and you as a mother can limit your child’s contact with it by collecting it, properly disposing of it, and washing your hands with soap afterwards. 2. Message: Maintaining a clean environment free of feces enables your family, especially your young child, to be healthier. Your family will be happier without the smell of poo around your house. Your neighbors will notice your clean, nice looking yard. 3. Message: Negative health impacts of children consuming poo will undermine all work you do to provide and prepare food for them. 4. Message: Mothers, you can reduce contact with feces by fencing animals, leashing goats to tree or post, shooing chickens from the house, etc. 5. Message: The frequent trips to the latrine/the bush to bury the feces with ash are worth the time and energy because you are making your children healthier. Your family will be happier without the smell of poo around your house. You neighbors will notice your clean, nice looking yard and be happy to carry your child whilst you do other household chores. 6. Message to mothers: Your mother-in-law, other members of household, etc. approve of you taking the time to properly dispose of waste in a latrine or by burying it with ash and to keep a clean house. 7. Message to all members of household: Small cleaning activities every day can contribute a healthier home. 8. Message: Small children can crawl or walk fast and play with whatever is around them, so eliminating dangerous objects like animal and human feces can keep your child safe and healthy.   Include mothers-in-law in counseling sessions. Target them for other activities.  Educate children through school programs on the importance of hygiene, including a clean environment at home, and encourage their participation at both the school and their house.  Create video showing mother sweeping and collecting animal feces and burying it with ash; then show mother smiling as she allows her small, healthy child to sit down and happily play in the cleaned area.  Create a video with neighbors complimenting a mother on her clean house, coming over to play with her healthy, happy baby, and then going home to clean their own homes.  Reach mothers through counseling to prioritize maintaining a clean environment.  Counsel mothers on the benefits of keeping a clean environment free of feces, specifically that preventing sickness can eliminate the expense and loss of work treatment and clinic visits.  Ensure household level visits with key decision makers (husband, mother-in-law, etc.) are included. As much as possible, prioritize dialogue and counseling over simply “telling.” |
| Barriers | Perceived self-efficacy:   * For some, the cleaning represents extra work and may increase burden on women’s time and energy; it can divert time from other important caregiving tasks. * Where the animals roam about freely and defecate all over, it is more difficult to keep the area clean by sweeping. * Lack of materials – no shovel for collecting and disposing of feces |
| Enablers | * Many mothers perceive this as an easy task that is normally part of their routine. Task is sometimes shared with older children or mothers-in-law.   Perceived positive consequences: Sweeping feces reduces bad odors and makes the yard or space look nice. (Exposure to bad odors is associated by many with illness.)  Perceived social norms: Husbands, mothers-in-law, fathers-in-law approve. “…yes my mother in law told me to be sweeping feces around to help avert sickness for my child.”  Perceived action efficacy: Mothers and family members are convinced that cleaning up feces makes their home and environment healthier and reduces disease. |
| Non-communication activities | Work with agricultural extension agents and others to encourage penning of animals both to improve production and to improve hygiene for 1000 day households.  Promote community-led total sanitation efforts to increase ownership and pride in those who contribute to and prioritize hygiene in the community.  Support Mother Care Groups to encourage dialogue and sharing of resources (i.e. a poo) among mothers.  Encourage local merchants to stock tools at affordable prices.  Address and fix any problems with latrines to ensure all are functioning to allow mothers and others to use and dispose child’s feces. |
| Comments | Important to work with ag actors to encourage penning of animals and cooping chickens. This could be an important nutrition-sensitive agricultural practice that improves production as well as improving nutrition status of children. |

5.3.1.3. Keep child in a separate play pen to keep her or him from coming in contact with animals and animal feces.

No one in the TIPs agreed to try this. Reasons for declining to try it included:

* **Child is not used to movement being restricted.** Making a penned area will not work because our children are not used to it. They will cry; they are used to moving around freely.”
* **It's too unfamiliar and not appealing.** It's nice but we don't do it here; we don't have the chance now though it prevents sickness but we never met our people doing it.”
* **It's difficult to construct; others are unable to assist.** “It is hard to pen child in a fence because my husband will not make it for our child.”

Team should consult with Ghana team to see how they are promoting this practice.

5.3.2. Handwashing with soap and water

5.3.2.1. Construct and use a tippy tap

| **Construct handwashing stations (tippy tap or cula) within two meters of the latrine and the kitchen; maintain and use at five critical moments.** | |
| --- | --- |
| Dimension | Details |
| Practices | Construct handwashing stations (tippy tap or cula) within two meters of the latrine and the kitchen; maintain and use at five critical moments. |
| Priority group | Pregnant and lactating women and mothers of children 0–23 months old |
| Influencers | Husbands, fathers-in-law, mothers-in-law |
| Messages | 1. Messages: Constructing a handwashing station is easy and the materials are readily available including sticks and soap. You should place one station near latrine and another station near the cooking area to facilitate frequent handwashing at five critical moments. 2. Message: A handwashing station with a tippy tap (or cula) is an attractive, water-saving method of washing hands. 3. Messages to mothers: Your family members will help you create and maintain a handwashing station because they approve and find a tippy tap attractive. 4. Messages to other family members: You can help to install and maintain a handwashing station to facilitate handwashing at five critical moments with soap to improve hygiene, remove smell of poo, and prevent sickness. 5. Message for all: You can keep your family healthier and happier if you create a handwashing station with soap to prevent sickness. Include liquid soap at your handwashing station if you do not want your hands to smell of poo or be dirty. 6. Message: It is worth finding the materials to construct the station to improve the health of your family. 7. Message: Your neighbors will be impressed by the innovation of your new tippy tap and handwashing station.   Create instructional materials – posters or video – to demonstrate how to construct tippy tap and handwashing station. Distribute during counseling sessions.  Counsel MSGs and through other channels on the importance of maintaining soap at handwashing stations and how to make liquid soap.  Provide counseling at household level on properly constructing a handwashing station using a tippy tap or cula to effectively use water and prevent animals from contaminating and on how to involve other household members in building, refilling, and maintaining the station.  Educate children through school WASH programs on the importance of handwashing and maintaining soap in their household for all members to use. Encourage support such as filling with water and discourage wasting by emphasizing the benefits and cost of soap.  Create SBCC materials with construction and refilling images: photos of men of the house happily constructing a tippy tap handwashing station, small children helping to fetch water, mother-in-law refilling the liquid soap, father-in-law using tippy tap to wash his hands, etc.  Create SBCC materials with handwashing images: photos of mothers and fathers helping healthy, happy children to wash hands at the handwashing station tippy tap.  Demonstrate to MSGs and other household members how to make a tippy tap and handwashing station with liquid soap in a bottle and leave it visible by latrine and kitchen to serve as reminder.  Distribute posters to each household with critical moments for handwashing to serve as reminder.  Include husbands, fathers-in-law, mothers-in-law, etc. in counseling sessions. Target them for other activities.  Promote knowledge sharing at MSGs and other platforms between neighbors about installing handwashing stations and tippy taps, encouraging with recognition those mothers and members of the community who know how.  Conduct a brief exercise to calculate the cost to the family of a child having a case of diarrhea. Include costs for transport to the hospital, costs for medicines, lost time from other work, etc. Then compare with the cost of soap and other materials for a tippy tap. |
| Barriers | Some complain that they don’t have the time to refill with water.  Sometimes children play with the tippy tap and waste the water and soap. |
| Enablers | **Perceived self-efficacy**: Many find it easy to build a tippy tap and easy to find the materials. Using a cula (local kettle) rather than a plastic bottle makes it more accessible. Water is available. Uses only a small amount of soap.  **Social norms**: Tippy taps are *very* much approved of by key influencers. Husbands and fathers-in-law helped to build the tippy tap. This can be a good opportunity for male involvement. Mothers report receiving help to build or maintain the tippy tap from husbands, fathers-in-law/father, mothers in law, mothers, uncles, brothers, sisters-in-law, aunts, men of the house, adults of the house, children.  **Perceived positive consequences**: Using the tippy tap makes handwashing much easier to do (don’t need someone to pour water over your hands); easier to remember; people appreciate having clean hands.  **Cue to action**: Having the tippy tap near the latrine and kitchen helps everyone to remember to wash their hands. |
| Non-communication Activities |  |
| Comments | During the TIPs the tippy tap was so popular that a number of neighboring households built their own tippy taps by copying the ones build by the TIPs households. |

5.3.2.2. Make soap into liquid and keep it in a small bottle next to tippy tap for handwashing

| **Make soap into liquid and keep it in a small bottle next to tippy tap for handwashing.** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Cut a small piece of soap (or use a small amount of soap powder) and place it in a small plastic bottle with water. Cut a hole in the screw-on cap and place this bottle of liquid soap near the tippy tap. |
| Priority group | Pregnant and lactating women and mothers of children aged 0–23 months |
| Influencers | Husbands, fathers-in-law, mothers-in-law |
| Messages | 1. Message: Prioritize soap for handwashing to improve hygiene, remove smell of feces, and prevent sickness. 2. Message: You can ensure your family has soap at all times by making homemade soap or making soap into liquid. To make liquid soap, cut a small piece of soap (or use a small amount of powder) and place it in a small plastic bottle with water. Cut a hole in the screw-on cap and place this bottle of liquid soap near the tippy tap. 3. Messages: If you do not want your hands to smell of poo or be dirty, wash your hands with soap. If you want fresh hands, wash your hands with soap. Always washing your hands with soap, at five critical moments, can help you and your family to be healthier. 4. Message: You and your family will be happier and healthier if you all use soap at five critical moments every day. 5. Message: Pass your hands in front of your face and notice the poo smell if you don’t use soap to wash hands….After cutting peppers, touching your eyes will sting if you only wash your hands with water and do not wash with soap; similarly, poo will still be on your hands (as indicated by the smell) if you do not wash hands with soap. 6. Messages: Share with your family members the importance of soap for handwashing and how to make it last longer by making it into liquid to save money. 7. Message: It is worth finding soap or the ingredients to make soap to keep you and your family healthy.   **Less popular:**   * Message: All members of the household must wash hands at five critical moments with soap to improve hygiene, remove smell of poo, and prevent sickness. * Provide counseling at household level on the importance of prioritizing soap for handwashing. Counsel MSGs and through other channels on the importance of always using soap to wash hands and prolonging soap by making into liquid. Instruct on how to create liquid soap. * Educate children through school WASH programs on the importance of soap for handwashing. Discourage wasting of soap and water, highlighting the expense of soap. * Promote knowledge sharing between neighbors through MSGs and VSL groups about how to home make soap, encouraging with recognition those mothers who know how. * Increase the demand for locally made soap by encouraging all households to maintain soap in their household to wash hands. * Demonstrate to MSGs and other household members how to make liquid soap in a bottle and leave it visible by the latrine and kitchen to serve as a reminder. Include WASH 1000 lessons in harmonized MSG curriculum. * Health promoters, CHWs and PHU staff teach critical WASH practices as part of child wellness visits year-round. * Distribute posters to each household with critical moments for handwashing to serve as reminder. * Include husbands, fathers-in-law, mothers-in-law, etc. in counseling sessions. Target them for other activities. |
| Barriers | Children sometimes play with soap bottle as if a toy; have to refill often. They fail to close it after use and soap leaks out. Need to refill frequently.  Soap and materials to make soap are too costly for some individuals. |
| Enablers | Perceived positive consequences: Using the liquid soap improves the smell of hands, improves cleanliness of hands, and makes hands fresh and soft. Liquid soap is easier to use and lasts longer. It is easier to get children to wash hands with liquid soap and tippy tap.  **Social norms:** As with tippy taps, using liquid soap was VERY much approved of by key influencers. Husbands and fathers-in-law helped to set up the soap bottles and helped to buy the soap. This can be a good opportunity for male involvement. Mothers report receiving help to maintain and keep the soap bottles filled from husbands, fathers-in-law, fathers, mothers in law, mothers, uncles, brothers, sisters-in-law, aunts, men of the house, adults of the house, children.  Perceived self-efficacy: Mothers report that making liquid soap is easy, affordable, makes it easier to wash hands, enables soap to lasts longer, and is more cost-effective.  Cue to action: Having liquid soap in the bottle helps everyone to remember to wash hands *with soap*. It's easier to get children to wash hands with soap as it is conveniently located next to the tippy tap.  Perceived action-efficacy: Mothers believe that handwashing with soap reduces illnesses and that washing hands with soap before preparing the food also reduces transmission of illnesses through food. |
| Non-communication activities |  |
| Comments | Coordinate this with the promotion of tippy taps |

5.3.3. Safe disposal of adult and child feces

5.3.3.1. Mothers and caregivers of children 0–23 months old use a cloth napkin or diaper to contain feces of child, pouring dirty water in the latrine or burying it

| Mothers and caregivers of children 0–23 months old use a cloth napkin / diaper to contain feces of child, pouring dirty water in the latrine or burying it | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Mothers and caregivers of children 0–23 months old use a cloth napkin or diaper to contain feces of child, pouring dirty water in the latrine or burying it |
| Priority group | Mothers and caregivers of children 0–23 months old. |
| Influencers | Mother-in-law |
| Messages | 1. Message: Keeping feces off the ground and properly laundering your child napkins can prevent sickness, eliminating the expense and loss of work for treatment and clinic visits. 2. Message: Child will be clean and healthier if you keep him or her in clean napkins. Children are less likely to get a rash or red legs (‘Makru’) if you change their napkin immediately after they defecate. 3. Message: The time and labor of hauling water to launder napkins and keep your child clean and away from feces will prevent sickness, eliminating the expense and loss of work for treatment and clinic visits. 4. Message: Immediately washing napkins will improve hygiene of your family, as animals and children no longer have opportunity to touch feces/dirty napkin.   **Less popular:**   * Message: Your mother-in-law will approve if you keep your child in clean napkins and properly dispose of waste in latrine. * Include mothers-in-law in counseling sessions. Target them for other activities. * Create video demonstrating the ideal behavior step by step, such as having clean cloth napkins ready and washing dirty napkin immediately in a bucket, not a stream as other people down the stream will be using the same water which you have contaminated; a child happily playing in a clean fresh napkin. * Counsel mothers and other family members on the importance of keeping children clean and properly disposing of feces. Show them how the expense of keeping children and home clean is less than the cost of treatment if the child gets ill. * Create video demonstrating a child happily playing in a clean fresh napkin in a clean environment with no feces on the ground. |
| Barriers | Access: It takes resources to buy the cloth and soap. It takes time to haul water, wash the napkin, and haul the dirty water to the latrine. This may create a time and work burden for women. “I get up earlier so as to be able to fetch water and make home-made soap because of the scarcity.” |
| Enablers | **Perceived positive consequences:** Washing the napkin immediately keeps my child’s napkin clean and smelling good, keeps animals and children from touching feces/dirty napkin, and prevents rashes.  **Perceived self-efficacy:** It is easy to keep the child and the area clean if the child uses a napkin and you change it frequently. |
| Non-communication activities | Encourage traders to sell affordable, small lapas that mothers can purchase to use for napkins. |
| Comments | This was suggested to four households and two tried it. Should emphasize the timely changing and cleaning of diapers. |

5.3.3.2. Mothers and caregivers of children 12-23 months old teach their child to use a poo (potty); mothers and caregivers empty the contents into the latrine

| Mothers and caregivers of children 12–23 months old teach their child to use a poo (potty); mothers and caregivers empty the contents into the latrine | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Mothers and caregivers of children 12–23 months old teach their child to use a poo (potty); mothers empty the contents into the latrine |
| Priority group | Mothers and caregivers of children 12–23 months |
| Influencers |  |
| Messages | Create video demonstrating the ideal behavior step by step, including mom patiently teaching child to use poo, celebrating when child does, throwing feces into the latrine; then a child happily playing and running to use poo as needed.  Messages: Your mother-in-law will approve if your child uses a poo and you properly dispose of waste in the latrine.  Create video demonstrating a child happily using poo while mom patiently does housework nearby and mom disposing of poo in latrine in an environment clean of poo and bad odors. Include message that this practice helps to reduce risk of illness  Include mothers-in-law in counseling sessions. Target them for other activities. |
| Barriers | Access: Many can’t afford to buy a poo. |
| Enablers | Perceived positive consequences: It's easier to keep child and house clean. It reduces odor of dirty napkins and diapers. Emptying poo directly into latrine reduces bad odors in the home. |
| Non-communication activities | Support Mother Care Groups to encourage dialogue and sharing of resources (i.e., poo) among mothers. |
| Comments | This was suggested to six households but only one tried it. |

5.4. Safe Use of Chemicals

| **Use of fertilizer, pesticides and other chemicals by women farmers to improve production and income** | |
| --- | --- |
| SBCC dimension | Details |
| Practices | Women farmers wash their hands with soap and water after they handle fertilizer, pesticides or other chemicals |
| Priority group | Mothers and caregivers of children 0–23 months old |
| Presumed influencers | Mothers-in-law, husbands and partners, agricultural extension agents |
| Proposed messages | Always wash your hands after handling chemicals to protect yourself from ill effects.  Always wash your hands after handling chemicals to prevent harming your children with the chemicals from your hands. |
| Presumed barriers | Perceived negative consequences: Handwashing with soap will slow down the work.  Access: Water and soap are not readily available in the field. Soap is expensive. There is no place to wash hands. |
| Enablers | Perceived positive consequences: If I wash my hands with soap, they will smell good.  Perceived action efficacy: Most people believe that washing hands after handling chemicals can reduce risks of illness or intoxication. |
| Communication channels | Incorporate handwashing into regular lessons on use of chemicals. Develop handwashing posters and place these on demo-plot sites and where chemicals are stored. Develop stickers with image of handwashing with soap and attach to the packages of chemicals sold in the store. |
| Non-communication activities | Install handwashing stations at demonstration plots, keep them full of water and maintain supply of soap.  Convince local merchants to sell small pieces of soap that people can carry with them to the field. |
| Comments | Should conduct rapid formative assessment with the target group to explore the main reasons that women currently do not wash hands with soap after using chemicals. |

Appendix 6. Creative Briefs for SBCC Activities to Promote Nutrition-sensitive Agriculture Practices Regarding Pumpkin and Fish

Pumpkins and Agribusiness Centers Creative Brief

|  |  |  |
| --- | --- | --- |
| **CLIENT:**  SPRING | **PROJECT (INTERVENTION) TITLE:** Producing, storing, and promoting consumption of pumpkins through agribusiness centers | **JOB REF.:** |
| **REQUIREMENT:**  (1) Farmer booklet, (2) supplementary visuals/posters with key messages, (3) training guide | **BUDGET:**  Tiny | **BRIEF DATE:**  **DEADLINE:** August 2016 |

Overview of Media and Channels/Platforms

Members of agribusiness centers (ABCs) receive new farming information primarily through government extension frontline workers, especially during the duration of donor-supported projects, including NGO projects, and to a *very limited* extent, private sector players such as input suppliers, processors and traders. The role of government and NGO extension services has been pervasive through the years and has essentially crowded out private sector initiatives in agriculture.

The base communication material that we envision for this intervention will support extension and advisory services through (1) a **farmer booklet**, targeted for use by literate key farmers, both women and men (as primary audience), and agriculture frontline workers and extension and advisory service providers (as secondary audience).

Supplementary visuals that relay key messages will also be developed, such as (2) **posters** that may be displayed in ABCs and farmer homes, along with (3) a **training guide** for frontline extension and advisory service providers.

**Supply of good pumpkin seeds**, **demonstration garden plots**, and **field-based practical activities** are important non-communication components of the intervention which SPRING will encourage successor projects to undertake, utilizing the three communications materials that SPRING will develop.

Why Are We Communicating? (Give a detailed background on the situation and challenges – highlight with key research findings with a clear statement on what the behavior is that we are trying to influence!)

We are developing an intervention in which ABCs and advisory service providers share messages on the nutritional benefits of pumpkin to promote its production, storage and year-round consumption. In doing so we will also be countering prevailing taboos regarding the vegetable.

Pumpkin is widely consumed by families in Tonkolili district. Formative assessments in the form of Barrier Analysis (BA) and Trials of Improved Practices (TIPs) have shown that one of the main barriers to the consumption of pumpkin by pregnant and lactating women (PLW) and children 6–23 months old (1,000 days households) is the lack of access to pumpkin during the off-season.

Diets of PLW and children 6–23 months are deficient in vitamin A. This is thought to be a contributor to the very high rates of stunting among children under five years old in Tonkolili (40 percent)

Maternal, infant, and young child nutrition (MIYCN) materials under development include images and key messages to promote the consumption of pumpkin by PLW and children 6–23 months old. As demand for vitamin A-rich foods is expected to increase in the coming months and years due to promotion activities targeting the household level, we expect that demand for pumpkins will increase.

There are currently a limited number of farmers who sell pumpkins to buyers who in turn supply local markets, therefore the lack of access during the off-season. Most pumpkins are produced by households for their own consumption and seldom find their way to market due to the transport expense. Increasing the number of farmers who grow pumpkins in their backyard gardens as well as in the fields as an intercrop and improving household storage techniques can help to improve access to this nutritious crop by 1,000 day households.

The Ministry of Agriculture, Forestry and Food Security (MAFFS) has recently completed a series of trainings of master trainers at the district level in the area of nutrition-sensitive agriculture. The MAFFS office in Freetown has expressed a strong interest in receiving graphic materials and materials useful for low-literacy learners to support subsequent cascade training and other trainings of agriculture extension agents.

Who Are We Talking To? (Give demographics and psychographic detail – paint a lifestyle portrait)

The primary audience is farmers, both women and men. As a large segment of the target population have low literacy, effective forms of extension are *learning by doing* and following the example of lead individuals, such as key farmers. Therefore the farmer booklet, the primary communication material to be developed, will be targeted to key farmers. The booklet will be supplemented by posters and training guide, as described above.

Pumpkins are already grown in Tonkolili; therefore the target audience is already familiar with them. However the majority may not be aware of better varieties of pumpkin, proper plant spacing, and pest and weed control, and proper storage.

Extension and advisory services typically focus on cash and staple crops, and have not specifically targeted a “low-value” crop such as pumpkin, as far as we know. In order to attract interest, we have to overcome cultural taboos (e.g., pumpkins cause skin rash), promote its nutritional benefits, and emphasize the relative ease in cultivating it, and its value as part of healthy, diverse diets. Women are the more important target audience since they are the primary caregivers in charge of food preparation within households, and they “own” the backyard vegetable gardens.

What Does Our Target Audience Currently Know / Believe Regarding Our Desired Behavior Vis-À-Vis the Competing Behavior?

The competing behavior is the current practice of low-productivity backyard gardening and low-productivity intercropping. Old seeds are used that have degraded over time, and losses due to pest infestations are high. Household storage conditions also do not mitigate against mold growth.

Farmers are quite receptive and very interested in doing new and better ways. They are also very interested in learning more about basic nutrition for the benefit of their own families. Presently they do not know much about pumpkins, and because of cultural taboos, pumpkins are highly underutilized.

If our desired behaviors in production, storage and consumption show immediate, positive results (e.g., more and better harvests, longer storage periods, healthy and rash-free 6–23-month-old infants) in a learning-by-doing approach with a seeing-is-believing proof of concept, adoption by women and men farmers is more likely.

What Is Our Target Audience Currently Doing?

Pumpkin is grown and consumed by many households; however, it is not very prominent in local markets in Tonkolili.

While many families cultivate pumpkin during its main growing season, many consider it as a less-desirable food. It is often boiled and served to children and adults just to “fill their stomachs” or to reduce hunger. Pumpkin is often grown in kitchen gardens and then eaten directly by the household.

Pumpkins tend to be available in Tonkolili in “low availability” from July to February with “medium availability” in August, and at no point during the calendar year does pumpkin reach “high availability”.

Pumpkin is sometimes available in local markets where it is sold whole or by the slice. Smaller pumpkins have a shorter duration from planting to harvest, and can be more easily transported to markets.

It is a common practice for transporters to scar a pumpkin (cutting a shallow long cut on the skin) to avoid transit accidents. Transporting an un-scarred pumpkin is considered by many as bad luck, increasing the risk to the transporter of having an accident. This scarring of pumpkins increases the risk of contamination of the pumpkin and shortens its storage life.

What Are the Objectives of the Communication?

* Increase the number of farmers cultivating pumpkins by increasing general interest in the crop.
* Increase the productivity of growing pumpkins by promoting better agricultural practices, including pest control. Promote benefits of intercropping with pumpkin for effective weed control and water retention.
* Improve the year-round availability of pumpkins through increased production and better household storage practices.
* Increase household consumption of pumpkins by improving its desirability through promoting its good taste, ease of preparation, and nutritional benefits, not only of the fruit but also the leaves.

What Do We Want Our Audience to:

Know / Think?

Vitamin A is an essential part of the diet for PLW and children and protects them from disease and malnutrition. Pumpkin is one of several common foods in Tonkolili that are rich in Vitamin A.

Most households like pumpkin and many will eat pumpkin whenever it is available. Some households will buy pumpkins in the market or from their neighbors. Pumpkin is particularly plentiful in August. There are long periods of the year during which many households would be willing to buy pumpkin because it is hard to find.

MOHS routinely encourages pregnant women to consume pumpkin and other vitamin A-rich foods and to feed these to their young children. This could increase demand for pumpkins for sale either from home or in the local market.

Believe / Feel?

If I grow more pumpkins and store them for longer periods in the year than normal:

* I can make sure that my family (partner, daughter, daughter-in-law, children, and grand-children) can eat healthy foods and avoid illness or malnutrition.
* I will be a farmer who is a smart, innovative leader.
* I can make money selling them to my neighbors or in the market.

Do?

Encourage ABC members to

1. **Grow** more pumpkins or start growing pumpkins.

Some pest control practices that can help follow:

* Shoo the large insects off the plants in the mornings. Kids can chase off large animals with slingshot.
* Sprinkle wood ash onto the leaves to prevent insects from eating the plan.t
* Lift fruit off the ground by using a tripod or a "Kata" (grass ring).
* Pick leaves that have caterpillars on them.
* Use snares to catch pests.

In addition, use other good agronomic practices for pumpkin cultivation in the backyard garden and in the fields as an intercrop.

1. **Store** pumpkins carefully so they can last longer.

Some household storage practices that can help follow:

* Dry the pumpkin before storing it. (Make sure skin is dry and store on a perfectly dry surface, not on the floor.)
* Don’t damage the skin.
* Store pumpkins separately (fruits should not touch each other).
* Keep them off the ground either on a platform or by hanging.
* Reduce humidity where pumpkins are stored.

1. Keep enough at home to ensure that PLW and children **consume** at least one serving of vitamin A-rich foods a day (for those in 1,000 day households).

Present easy cooking and preparation recipes, tips and ideas, especially for complementary feeding of infants aged 6–23 months, and for PLWs.

What Is the Key Benefit/Promise of Adopting the Desired Behavior? (e.g., Highlight the cost that is avoided by adopting the desired behavior, eg. By stopping smoking, you will save money!).

Pumpkins are so easy to grow and cost so little. They are good for the gardens and fields. They are great for the body.

What Supports our Promise? (Detail additional benefits that will help convince our audience to perform the desired behavior and show how likely the benefits are in exceeding the costs of the desired behavior change).

Pumpkins are part of diverse, colorful diets. The Ministry of Health promotes pumpkin in its dietary guidelines. It costs practically nothing to grow; and should be recommended as part of the varieties of diet for the children during the complementary age period in the 6MlyCP.

Mandatory Inclusions (Partner logos, disclaimers etc.)

Branding with USAID, SPRING, HKI, Government of Sierra Leone

Timing:

* Engage an in-country ag expert to draft the technical draft (2–3 weeks)
* HO reviews the technical draft. (Victor – final referee on tech content, Phil, HKI)
* Identify the needed illustrations and find example photos
* Not yet clear who this can be. Ideally a local extension.
* Victor reviews
* Have the artist render images and layout of the draft.
* Phil and Victor review internal draft.
* Pretest the draft with target audience.
* Finalize booklet. (+ posters?)
* Pilot rollout to test for usefulness and acceptability
* Finalize the materials.

Market Women and Fish Creative Brief

|  |  |  |
| --- | --- | --- |
| **CLIENT:**  SPRING/ HKI | **PROJECT TITLE:**  SPRING-HKI/Sierra Leone component on “Nutrition-sensitive agricultural value chain service providers” | **JOB REF.:** |
| **REQUIREMENT:**  SBCC visuals, key messages, or training guide. | **BUDGET:**  . | **BRIEF DATE:**  **CLIENT DEADLINE:** |

Why Are We Communicating? (Give a detailed background on the situation and challenges – highlight with key research findings with a clear statement on what the behavior is that we are trying to influence!)

Intervention with **sellers** of smoked and raw marine fish in rural markets in Tonkolili District (as primary target audience) to get them to encourage customers to buy more small pelagic fish and to improve the quality and hygiene of the fish they sell (e.g., herring, bonga/shad) for pregnant and lactating women and children aged 6–23 months to consume.

Intervention with **fish buyers** in rural markets in Tonkolili District to get them to buy more hygienic small pelagic fish and demand that sellers improve the quality and hygiene of the fish they sell. This is targeted to fish buyers to buy for pregnant and lactating women and children aged 6–23 months.

Diets of pregnant and lactating women and children aged 6–23 months are deficient in animal-source protein. This is thought to be a contributor to the very high rates of stunting (40 percent) among children under five years old in Tonkolili District.

Smoked and raw marine fish is a key ingredient in local diets. There are four predominant species that are smoked. Small pelagic fish is most nutritious if the entire small fish, free of contaminants and mycotoxins, is ground and consumed.

During a recent study in Tonkolili, SPRING found that fish hygiene issues were a major barrier to women providing fish to children. This is due to poor practices in smoking and freezing and delays in transportation and sales. If hygienic, fish provide an excellent animal source of protein for complementary food. Mothers shy away from the purchase of fish due to hygiene issues evident in the market place as they do not want to utilize poor quality fish in complementary foods. Therefore, there is a need to work with both market sellers and buyers to build awareness on what hygienic, quality fish sellers look like and how to buy safe fish.

The fish value chain actors receive information primarily through government ministry of fisheries to a limited extent and more so through private sector players such as input suppliers, processors and traders.

Through a **poster** targeted for use by illiterate fish sellers (both women and men as primary audience) for use in the market to be distributed and hung by Mamy Queens. This poster has a secondary audience in fish buyers, who will also see the poster in the market.

Through an additional poster for use by illiterate fish buyers, targeted toward pregnant and lactating mothers of children aged 6–23 months to be distributed and hung around the market by Mamy Queens.

The Ministry of Fisheries is likely to be very interested in these materials as will be WorldFish and market women's unions.

Who Are We Talking to? (Give demographics and psychographic detail – paint a lifestyle portrait)

Priority Groups

1. Rural fish market sellers – Profit margins in fish are slim. They wish to move volumes and would rather sell baskets of fish than single pieces. They don’t pay attention to food safety as there is no premium attached to clean, hygienic fish.
2. Pregnant and lactating women and other caregivers in 1000 day households – They are very busy and consumed with daily household chores. Activities such as cooking, preparing food and feeding young infants are energy- and time-consuming and they are concerned with the safety of the fish they purchase.

Influencers

1. Loma/market authorities and market association officers and members (Mamy Queens): They don’t worry about nutrition and hygiene. Officers and members are concerned about the money exchanged at all levels, i.e., cash flows and profit margins.
2. Additionally, rural fish market sellers and pregnant and lactating women influence each other as the typical parties in fish purchases in the markets through supply and demand forces

What Does Our Target Audience Currently Know / Believe Regarding Our Desired Behavior Vis-À-Vis the Competing Behavior?

1. Fish market sellers (the primary target audience): “Fish is fish. Bonga is no different from herring and no different from catfish or crab. They are all smoked and the more I can move the better. If I can insert at the bottom of the pile some bad fish, that’s more profit for me. I should sell more of the fish that gives me better return on my investment. My supplier is always asking for more money, yet my customers constantly demand to pay less. If I were not cunning in business, I would have been squeezed out of business long ago.”
2. Pregnant and lactating women: Smoked fish is a delicious condiment – “We can add it to food, including complementary food for infants, when we happen to have some. Otherwise, babies can just have watery porridge.”
3. Pregnant and lactating women and PHUs: Nutrition has never been talked about, apart from PHUs, although receptivity seems quite high – “Life is a daily grind. Nutrition is a problem of the rich. We want to know where our next meal is coming from.” Low knowledge and skills of what good nutrition means in practice (e.g., food quantity vs food quality).
4. All: There is little knowledge about the 1,000 days as a particular period of opportunity and risk for mothers and children, and special diet and care needs during this period.
5. All: Food safety and hygiene is optional, and even when there is water and soap, handwashing is not a habit. It is a luxury and not important. “Flies and maggots are a part of life.”
6. Pregnant and lactating women: A women’s work is never done – “If I can get by with feeding my baby whatever just to keep him or her from crying, that would be good. Food that will keep my baby fat and happy is good food.”

The market women do not fully comprehend the health risks inherent in selling fish where flies and rodents abound and re smoking and refreezing is a common practice. WorldFish has already shown how fresh fish sell rapidly in these environments. During the SPRING study, women were highly interested in accessing hygienic fish for MIYCN.

The competing behaviors are the lack of attention to the condition of fish and awareness of potential clients’ needs.

What Is Our Target Audience Currently Doing? (For the primary target audience only)

1. “Move more fish as quickly as possible, avoid any problems, and if there are any problems with the stock, pass the problems to others less astute than I am.”
2. “Stock more of the fish that customers are buying. If more people buy a particular fish, raise the price of that fish to get more profit.”
3. “Hide defects and bad fish. Try to put them at the bottom of the pile of unsuspecting customers.”
4. “Flies are everywhere in the market. They add to the flavor of my smoked fish. Do not shoo them away.”
5. “A good customer is the one that gives me the most profit. It’s not my business to ask about the affairs of my customers.”
6. “For my frequent customers, I am nice to them, but it’s not my business to pry much less give any kind of advice.”
7. “If I can get by with feeding my baby whatever just to keep him her from crying, that would be good. Food that will keep my baby fat and happy is good food.”
8. “We can add it to food, including complementary food for infants, when we happen to have some. Otherwise, babies can just have watery porridge.”
9. Mothers hesitate to feed fish currently as a complementary food when they feel it is unhygienic and may make the baby sick.

What Are the Objectives of the Communication?

Fish is a widely available and affordable source of animal protein and micronutrients, particularly the whole small fish. Bonga and herring in particular are available year-round in Tonkolili district. Simply put, we want more pregnant and lactating women and children aged 6–23 months (the early and latter phases of the 6MlyCP) to include them as part of safe, diverse and nutritious diets.

We want fish market sellers, as well as the influencers (secondary audience), to incorporate safe hygiene and sanitation practices when handling fish for sale.

The main purpose however is to increase the sales of clean, hygienic small whole fish to 1000 day households and therefore its consumption by pregnant and lactating women and children 6–23 months and throughout the 6MlyCP.

* Increase intake of clean fish by 1000 day households.
* Improve level of hygiene of fish for sale in markets
* Increase awareness of risks associated with poor hygiene and food safety.

What Do We Want Our (Primary) Audience (i.e., fish market sellers) To:

Know / Think?

Fish, as part of diverse nutritious diets, will enable children to reach their full growth potential, both in terms of brain development and physical height and strength.

Hygiene and fish free from contaminants and other toxins are important components of good nutrition. Nutrition is not just about food, but also about prevention of disease and healthy growth.

Fish can be an affordable, convenient, and desirable part of diverse, nutritious diets.

Market women: if my fish looks good and healthy, I can get a better price and more buyers.

1000 day households feel that fish available is of good quality.

Believe / Feel?

It takes a village to raise a healthy, smart child. A fish market seller is part of that village responsible for raising healthy, smart children.

If I access more hygienic fish I can make sure that family (partner, daughter, daughter-in-law, children, and grand-children) can eat healthy foods and avoid illness or malnutrition.

I will be a mother who is a smart, innovative leader.

Do?

**Fish Sellers:**

Sell more clean whole small fish (e.g., bonga and herring) to 1000 day households, and recommend it to buyers to feed to pregnant and lactating women and children aged 6–23 months.

Market sellers ensure fish is attractive to 1000 day mothers so that they are tasty for babies aged 6–23 months and make babies want more porridge. Ways to make it more attractive include:

* Make it hygienic and safe (free from maggots, dirt, mold and other contaminants).
* Fan away flies.
* Keep tables and floors clean to detract flies. Keep fish and food away from drainage areas.
* Keep animal and human feces away from fish.
* Make it presentable.
* Only sell fish that is not refrozen or smoked more than once (also a hygiene action).
* Separate rotten fish from clean, good fish (also a hygiene action).
* Keep raw fish in coolers with ice (also a hygiene action).
* Raw fish should be smoked immediately if you don’t have reliable power supply.

**Mothers of 1000 days households:**

* Buy fish for complementary foods and for pregnant and lactating women.
* Buy only safe raw or recently smoked fish (other fish can make you sick).
  + Rotten fish: eyes become pale (should be pink or red), the gills are brown, the scales start coming off, softer and ‘floppy’, doesn’t smell good.
* Safe smoked fish are still firm and don’t fall apart.
* Buy from vendors who keep flies away.

What Is the Key Benefit/Promise of Adopting the Desired Behavior? (e.g. Highlight the cost that is avoided by adopting the desired behavior, eg. By stopping smoking, you will save money!).

Market sellers:

Safe, diverse (colorful) and nutritious foods will help raise strong and smart children. Fish is part of that kind of diet. Having more people become aware of this will drive up market sellers’ sales volume and profits.

Taking hygienic actions can help you to move more product and keep your fish from rotting too quickly.

Mothers of 1000 Day households:

Safe, diverse (colorful) and nutritious foods will help raise strong and smart children. Fish is part of that kind of diet. By feeding my child fish as a complementary food during the 6-23months of age, I am helping to ensure that my child is growing strong.

By eating fish as part of my diet when I am pregnant, I am helping to ensure that my child is growing strong.

By eating fish as part of my diet when I am breastfeeding, I am making sure that I have the strength to be a good mother and care for my children.

I should take care to buy fresh raw and smoked fish only, and demand that fish sellers practice hygiene with their fish handling. This will help me and my child to avoid getting sick and becoming weak.

What Supports Our Promise? (Detail additional benefits that will help convince our audience to perform the desired behavior and show how likely the benefits are in exceeding the costs of the desired behavior change).

Fish sellers:

Sellers practicing hygiene when handling fish will receive a Star Fish Seller sign from the Mammy Queen in the market. This will show customers that the seller’s product is good and safe to eat, and that the seller cares about her or his customers.

Fish is an excellent form of protein as a complementary food.

Tone

Communications should be made so they don’t look too much like self-serving NGO advertisements. In other words, make them as much as possible a part of the rhythm of ordinary Sierra Leone life, and not a public service announcement. Illustrations will be high quality and pleasing to the eye to attract people to look at them.

Mandatory Inclusions (Partner logos, disclaimers etc.)

Branding with USAID, SPRING, HKI, Government of Sierra Leone

Campaign Requirements

The campaign can include all or some of the following materials:

1. Two posters (may be laminated) with images promoting the messages, for example: cleaning (removing maggots etc.); keeping the clean fish away from flies in the market; people wanting to buy clean hygienic fish; mother grinding/pounding smoked fish and cooking into child's porridge and feeding it to him or her.
2. The poster designed for the market seller may be reprinted in a smaller size (like a postcard) that sellers can use to give to fish buyers as a way to advertise their stalls.
3. Star Fish Seller – these star-shaped signs (may be laminated) would be given to Mamy Queens, who will inspect stalls for hygiene behaviors and give the signs to sellers who are practicing good hygiene when handling fish. Mammy queens must review the stalls intermittently to ensure that these fish sellers maintain hygienic practices.
4. Written guide for how to orient people on the materials and how to use them.

* Key messages
* How to use the materials in the market. Market sellers can place them in front of a pile of herring or hang posters or stars in their stalls to show they are hygienic fish sellers.

1. Radio shows - HKI is already planning to appear on radio shows in the intervention area on several MIYCN and 6MlyCP topics including animal-source foods, with fish as a prime example for health enhancement. These topics can also be rolled into these radio shows and feature panelists from WorldFish or the Ministry.

Timing

* Engage an in-country fish consultant to review technical information/images.
* HO and HKI agree on brief and mock-ups of materials.
* Develop mock-ups of posters with example photos and identify the needed illustrations for SBCC materials.
* May include illustrations or photos
* Produce images and layout of the draft SBCC materials.
* Home office reviews internal draft
* Pretest the draft SBCC materials with target audience
* Finalize materials.
* Pilot rollout to test for usefulness and acceptability.
* Finalize the materials.

Appendix 7. Position Statements for Animal-source Food and Colourful Fruits and Vegetables

The Key Messages on Animal Food-Based

* Feed your 6-23 month old child animal source food (such as fish, eggs, chicken, goat, mutton, crabs, and beef) every day. It is so important and worth the money to keep your child healthy and growing strong ;
* The whole fish (smaller sizes) including bones can be pounded into powder, so you can make your 6-23month child nutritious porridge to help your child be smart and have fine body;
* Smaller whole fish that is pounded and fed to your baby is more nutritious than the flesh of the fish by itself ;
* Eating fish, fowl, meat, milk or eggs every day will help you and theyour baby to grow healthier.

What are the Issues on Animal Food Based?

* Low consumption of these foods increases risk of illness and death for both mother and infant.
* Lack of these yam-yam in the food[[11]](#footnote-12) lowers school performance of children, and also work performance in adults that eventually lead to lower earning
* The diet of most pregnant women and children 6-23months lacks animal source food, which is very good for the growing baby. Not including animal source food will make you sick or “moroshor”[[12]](#footnote-13)

Why are We Focusing on Animal Food Based Now?

* The Ministry of Health and Sanitation together with partners are now promoting increase consumption of animal source food like fish to reduce children’s risk of malnutrition (which can reduce risk of death). By promoting this behavior-“Add fish to you pikin e pap from wae e 6mont so tae e 2 years” will reduce the number of children with malnutrition dying and make them grow stronger and healthier
* The Ministry of Health and Sanitation and partners is prioritizing programs to address malnutrition related to the low consumption of animal based foods. Taboos and other traditional believes are inhibitors to the consumption of these foods

A Call for Action: What Can People Do to Practice the Behavior?

* Health workers should continue to promote to consumption of fish during pregnancies and to be added to the child ‘pap’ from 6-23months.
* Husbands are encouraged to provide fish for their pregnant wives and children 6-23months for them to grow stronger and healthier
* Grandmothers, **mothers-in-law and other relatives should support a pregnant woman to eat fish and** ensure that fish is added to the child’s ‘pap’ from 6-23 months so that the baby will grow stronger and smarter

Evidence to Support Animal Food Based

* Its contributes significantly to the brain development, survival and good health of babies
* Providing children with different kind of adequate ’yam-yam’ can increase child’s resistance to many sickness, hence increasing their chances of wel-bodi.

Key Messages on Colourful Fruits and Vegetables

* Feed your 6-23 month old child vitamin A-rich coloured fruits and vegetables such as pumpkin, “pawpaw”, mango, orange-fleshed sweet potato, and dark green leaves every day to make her/him grow well and be happy;
* Colorful fruits and vegetables are needed as part of the nutrition requirements for your child to be healthy;
* The vitamins in pumpkin, pawpaw and other coloured fruits and vegetables are good for your baby’s eyesight and help your baby to fight off illnesses;
* Vitamin ‘A’ rich fruits and vegetables can be planted in your back yard garden to make them easily available and accessible to feed your child.

What are the Issues on Colourful Fruits and Vegetables?

* Children and pregnant women are exposed to many sicknesses such as low blood, diarrhea, vomiting measles, cold and cough and are better able to cope with these if the meal have colorful fruits and vegetables
* **Inappropriate feeding and insufficient intake of vitamin A rich fruits and vegetable either due to poverty or inadequate knowledge about nutrition**
* Lack of these foods in a meal particularly for children and pregnant women makes protection and recovery from diseases tough and increase the chances of death from illnesses such as diarrhea, measles and or lack of blood

Why are We Focusing on Colourful Fruits and Vegetables?

* Despite they are being produced and consumed but in a very small scale, the Sierra Leonean daily diet mainly comprises more staples likes-rice and cassava
* The Ministry of Agriculture, Health and their partners are now promoting increase production and consumption of colorful fruits and vegetables through the national food based dietary guidelines for healthy eating
* The availability and affordability of these foods in some parts of the country is challenging, hence they are very expensive particularly when they out of season;

A Call for Action- What Can People Do to Practice this Behaviour?

* Agricultural sector and partners should support large scale production through ABCs, FBOs
* Health Workers should promote increase consumption colorful fruits and vegetables
* Mothers and caregivers should plant colorful fruits and vegetables in their back yard garden
* Farmers are encourage not to sell all their produce but to also make some available for home consumption

Evidence to Support Colourful Fruit and Vegetables

* Colourful fruits and vegetables are important in that they aid digestion, and build body immunity and aid in preventing diseases
* Consumption of hygienic colorful fruits and vegetables (Rich in vitamin A) during the 6-23months of age, strengthens the body’s fight to common diseases of childhood (including measles and diarrhea) and protects against blindness
* Providing children with different kind of adequate ’yam-yam’ can increase child’s resistance to many sickness, hence increasing their chances of wel-bodi.



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1. The period between conception and two years of age – the first 1,000 days of life – is the period in which a child is most at risk of chronic malnutrition or stunting. Thus, there is a world-wide effort to improve nutrition during this time. [↑](#footnote-ref-2)
2. Davis Jr., Thomas P., (2004). Barrier Analysis Facilitator’s Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs, Washington, D.C.: Food for the Hungry <http://www.coregroup.org/resources/52-barrier-analysis>. [↑](#footnote-ref-3)
3. Taken from: Kittle, Bonnie. 2013. A Practical Guide to Conducting a Barrier Analysis. New York, NY: Helen Keller International. <http://www.fsnnetwork.org/practical-guide-conducting-barrier-analysis> [↑](#footnote-ref-4)
4. <https://www.microlinks.org/good-practice-center/value-chain-wiki/specific-tools-and-resources> [↑](#footnote-ref-5)
5. Ministry of Health and Sanitation (Sierra Leone), UNICEF, Helen Keller International, and WHO. 2013. Sierra Leone Micronutrient Survey. Freetown, Sierra Leone; 2015. <http://groundworkhealth.org/wp-content/uploads/2016/03/SLMS-Report_FINAL_151203.pdf> [↑](#footnote-ref-6)
6. <https://www.spring-nutrition.org/about-us/news/micronutrient-survey-finds-anemia-sierra-leone-may-not-be-due-iron> [↑](#footnote-ref-7)
7. The subsequent text and table in this section were taken in their entirety from SPRING. 2017. *Sierra Leone: Entry Points for Nutrition in Feed the Future Value Chains*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project. Draft. [↑](#footnote-ref-8)
8. The remaining text and tables in this section were taken from Trip Report for Sierra Leone July 6-15, 2017, Victor Pinga. [↑](#footnote-ref-9)
9. The first 1,000 days are referred to as a “window of opportunity.” If a child is stunted and the stunting is not reversed before the child reaches 24 months old, then the effects of stunting are very difficult to reverse and can cause reductions of school performance and even earnings as an adult. [↑](#footnote-ref-10)
10. Feed the Future defines a commodity as “nutrient-rich” if it meets any of the following criteria: 1. Is bio fortified; 2 Is a legume, nut or seed; 3. Is an animal-sourced food, including dairy products (milk, yogurt, cheese), eggs, organ meat, flesh foods, and other miscellaneous small animal protein (e.g. grubs, insects); 4. Is a dark yellow or orange-fleshed root or tuber; or 5. Is a fruit or vegetable that meets the threshold for being a “high source” of one or more micronutrients on a per 100 gram basis. Current Feed the Future-promoted value chain horticultural commodities that meet criterion 5 include cabbage, mangos, okra, passion fruit, pineapple and sweet green pepper. Currently promoted horticultural value chain commodities that do not meet criterion 5 include banana, cucumber, eggplant, green beans, onion, shallot and tomato. Feed the Future Indicator Handbook Definition Sheets, p.38, https://feedthefuture.gov/resource/feed-future-handbook-indicator-definitions. [↑](#footnote-ref-11)
11. Krio term for nutritious food [↑](#footnote-ref-12)
12. Krio term for malnutrition [↑](#footnote-ref-13)